

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Planned Parenthood Votes

ADDRESS (number and street)

123 William St, 10th Floor

Check if different
than previously
reported. (ACC)

New York

NY

10038

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00489799

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☒ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
09 01 2016

through

M M M / D D D / Y Y Y Y Y Y
09 30 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Gustafson, Liz, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Gustafson, Liz, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 20 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Planned Parenthood Votes

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 09 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y 09 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		1143446.70
(b) Cash on Hand at Beginning of Reporting Period.....	2481238.20	
(c) Total Receipts (from Line 19)	5085000.00	15667604.54
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	7566238.20	16811051.24
7. Total Disbursements (from Line 31).....	3683165.78	12927978.82
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	3883072.42	3883072.42
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	288078.94	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Planned Parenthood Votes

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
09		01		2016

To:

M M	/	D D	/	Y Y Y Y Y Y
09		30		2016

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

4384750.00

14954319.54

(ii) Unitemized

250.00

10785.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

4385000.00

14965104.54

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

700000.00

702500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

5085000.00

15667604.54

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

5085000.00

15667604.54

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

5085000.00

15667604.54

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	-785894.65	1470579.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	-785894.65	1470579.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	946666.66	1360056.07
24. Independent Expenditures (use Schedule E)	2883905.53	7702463.42
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	1000000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1000000.00
29. Other Disbursements (Including Non-Federal Donations).....	638488.24	1394880.32
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3683165.78	12927978.82
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3683165.78	12927978.82

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5085000.00	15667604.54
34. Total Contribution Refunds (from Line 28(d))	0.00	1000000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5085000.00	14667604.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	-785894.65	1470579.01
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-785894.65	1470579.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 117

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Barnes, Patricia, , ,

Mailing Address 712 Arrowhead Street

City
Aurora

State
MN

Zip Code
55705

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2016

Transaction ID : A2016-1995372

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Biddle, Geoffrey, , ,

Mailing Address 2839 1/2 Prince Street

City
Berkeley

State
CA

Zip Code
94705-2614

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
Photographer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : A2016-1995373

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bloomberg, Michael, , Mr.,

Mailing Address 17 E 79 St

City
New York

State
NY

Zip Code
10075-0101

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BLOOMBERG LP

Occupation (for Individual)
Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2016

Transaction ID : A2016-1995374

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1005500.00

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: SA11AI

Transaction ID :

Please note that our committee follows all federal regulations, including those found at 11 CFR 104.7(a) governing the solicitation of contributors. This committee specifically requests all pertinent information from contributors, including employer and occupation; informs contributors that the committee is required by law to report the same; and, makes a follow-up request for omitted information when necessary. The committee thus complies with the best efforts rules.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 117

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Burnett, Nancy, P, Mrs.,

Mailing Address 17 Meadow Place

City
Carmel Valley

State
CA

Zip Code
93924

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

None

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

MM / DD / YYYY
09 / 20 / 2016

Transaction ID : A2016-1995375

Amount of Each Receipt this Period

100000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Chesler, Ellen, C, Dr.,

Mailing Address 1 W 72nd Street

City
New York

State
NY

Zip Code
10023

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Roosevelt Institute

Occupation (for Individual)

Fellow

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

MM / DD / YYYY
09 / 28 / 2016

Transaction ID : A2016-1995376

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Chigier, Shelly, D, ,

Mailing Address 237 Summer Street

City
Manchester

State
MA

Zip Code
01944-1540

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

None

Occupation (for Individual)

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2016

Transaction ID : A2016-1995377

Amount of Each Receipt this Period

25000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Drexler, Peggy, , ,

Mailing Address 640 Park Avenue

City
New York

State
NY

Zip Code
10065

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
Psychologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2016

Transaction ID : A2016-1995378

Amount of Each Receipt this Period

35000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Feit, James, H, Mr.,

Mailing Address 779 Shasta Fir Drive

City
Sunnyvale

State
CA

Zip Code
94086

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
None

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 12 / 2016

Transaction ID : A2016-1995379

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Gleberman, Carson, , ,

Mailing Address 133 West 69th St #1

City
New York

State
NY

Zip Code
10023-5278

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2016

Transaction ID : A2016-1995380

Amount of Each Receipt this Period

10000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

45500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 117

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Goldman Fowler, Amy, P, Dr.,

Mailing Address 164 Mountain View Road

City
Rhinebeck

State
NY

Zip Code
12572-2820

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
Writer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 20 / 2016

Transaction ID : A2016-1995381

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gottesman, Jane, L, ,

Mailing Address 2839 1/2 Prince Street

City
Berkeley

State
CA

Zip Code
94705-2614

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
Writer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : A2016-1995382

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Greenley, Mary, D, ,

Mailing Address 2689 Maple Drive

City
McFarland

State
WI

Zip Code
53558-9279

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2016

Transaction ID : A2016-1995383

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1005500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 OF 117

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Guveyian, Kenneth, H, ,

Mailing Address 40 Fairview Road

City

Broomall

State

PA

Zip Code

19008

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Information Requested

Occupation (for Individual)

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2016

Transaction ID : A2016-1995384

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Hedberg, Charles, R, ,

Mailing Address 24 Bishop Avenue

City

Westhampton

State

NY

Zip Code

11977

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Information Requested

Occupation (for Individual)

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 15 / 2016

Transaction ID : A2016-1995385

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hellebrand-Blood, Nancy, , ,

Mailing Address 708 S American Street

City

Philadelphia

State

PA

Zip Code

19147-3301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Information Requested

Occupation (for Individual)

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 07 / 2016

Transaction ID : A2016-1995386

Amount of Each Receipt this Period

10000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

11500.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 117

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Henry, John, B, ,

Mailing Address 54 Riverside Drive #16-B

City
New York

State
NY

Zip Code
10024-6552

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
Writer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

MM / DD / YYYY
09 / 16 / 2016

Transaction ID : A2016-1995387

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jensen, Kathleen, R, ,

Mailing Address 1212 SW Hessler Drive

City
Portland

State
OR

Zip Code
97239-2807

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
None

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
09 / 26 / 2016

Transaction ID : A2016-1995388

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kraus, Lisa, V, ,

Mailing Address 4906 Shadywood Lane

City
Dallas

State
TX

Zip Code
75209-2024

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Lawyer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
09 / 30 / 2016

Transaction ID : A2016-1995389

Amount of Each Receipt this Period

5000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

16000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 117
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lafer, Jill, , ,

Mailing Address 1060 Fifth Avenue

City
New YorkState
NYZip Code
10128-0104FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Hoffman-Lafer AssociatesOccupation (for Individual)
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2016

Transaction ID : A2016-1995390

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lee, Barbara, F, ,

Mailing Address 1111 Race Street #14A

City
DenverState
COZip Code
80206-2834FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NoneOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2016

Transaction ID : A2016-1995391

Amount of Each Receipt this Period

50000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lieberman, Unice, B, ,

Mailing Address 3937 Garrison St NW

City
WashingtonState
DCZip Code
20016-4219FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	22	/	2016

Transaction ID : A2016-1995392

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

55250.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 117

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Liebman, Rebecca, J.,

Mailing Address 2064 E Bay Drive NE

City
OlympiaState
WAZip Code
98506-3220FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NoneOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 22 / 2016

Transaction ID : A2016-1995393

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Loeb, Margaret, , Ms.,

Mailing Address 15 Central Park West PH 39

City
New YorkState
NYZip Code
10023-7719FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information RequestedOccupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2016

Transaction ID : A2016-1995394

Amount of Each Receipt this Period

50000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. McKellar, Marie, T, Dr.,

Mailing Address PO Box 149

City
Dobbs FerryState
NYZip Code
10522-0149FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NoneOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 09 / 2016

Transaction ID : A2016-1995395

Amount of Each Receipt this Period

50000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

102000.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 117

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Milliken, Margaret, , Ms.,

Mailing Address 157 Pine St

City
PortlandState
MEZip Code
04102-3529FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NoneOccupation (for Individual)
Unemployed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2016

Transaction ID : A2016-1995396

Amount of Each Receipt this Period

250000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pigott, Gaye, T, ,

Mailing Address 1405 42nd Avenue E

City
SeattleState
WAZip Code
98112-3807FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NoneOccupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 12 / 2016

Transaction ID : A2016-1995397

Amount of Each Receipt this Period

100000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pritzker, Jay Robert, , ,

Mailing Address 111 S Wacker Drive #4000

City
ChicagoState
ILZip Code
60606FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pritzker GroupOccupation (for Individual)
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 20 / 2016

Transaction ID : A2016-1995398

Amount of Each Receipt this Period

500000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

850000.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 117

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Richardson, Albert, S, Mr., Jr.

Mailing Address 27 Niagara Pier

City
ErieState
PAZip Code
16507-2310FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NoneOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2016

Transaction ID : A2016-1995399

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Satterfield, Lise, K, , M.D.

Mailing Address 1905 Corbridge Lane

City
MonktonState
MDZip Code
21111FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Clinical AssociatesOccupation (for Individual)
Doctor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 07 / 2016

Transaction ID : A2016-1995400

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Sher, Abby, S, ,

Mailing Address 3200 Airport Avenue #27

City
Santa MonicaState
CAZip Code
90405-6116FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NoneOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 23 / 2016

Transaction ID : A2016-1995401

Amount of Each Receipt this Period

5000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

6500.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 117

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Silberstein, Stephen, M, ,

Mailing Address 29 Eucalyptus Road

City

Belvedere Tiburon

State

CA

Zip Code

94920-2435

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

None

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

09 / 15 / 2016

Transaction ID : A2016-1995402

Amount of Each Receipt this Period

100000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Smith, Tamyka, M, ,

Mailing Address 20 Desbrosses Street #4

City

New York

State

NY

Zip Code

10013-1704

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information Requested

Occupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

09 / 26 / 2016

Transaction ID : A2016-1995403

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Soros Colombel, Andrea, , Ms.,

Mailing Address 5 Sherbrooke Rd

City

Scarsdale

State

NY

Zip Code

10583-4431

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

09 / 15 / 2016

Transaction ID : A2016-1995404

Amount of Each Receipt this Period

1000000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1102000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 117

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Strauss, Faye, , ,

Mailing Address 318 Maverick Court

City
Lafayette

State
CA

Zip Code
94549-1811

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
None

Occupation (for Individual)
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2016

Transaction ID : A2016-1995405

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Tucker, Laura, A, Ms.,

Mailing Address 1741 Hinman Avenue

City
Evanston

State
IL

Zip Code
60201-4516

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

Transaction ID : A2016-1995406

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

35000.00

4384750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 117

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Priorities USA Action

Mailing Address 601 13th Street NW Suite 610N

City
Washington

State
DC

Zip Code
20005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☒ Other (specify) ▼
Not Applicable

Aggregate Year-to-Date ▼

500000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2016

Transaction ID : A2016-15172

Amount of Each Receipt this Period

500000.00

☐ Memo Item
Federal PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Majority Forward

Mailing Address 700 13th Street NW/Ste. 600

City
Washington

State
DC

Zip Code
20005

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☒ Other (specify) ▼
Not Applicable

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : A2016-15173

Amount of Each Receipt this Period

100000.00

☐ Memo Item
Federal PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PP Advocacy Project LA County

Mailing Address 555 Capitol Mall/ Ste. 1425

City
Sacramento

State
CA

Zip Code
95814

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☒ Other (specify)
Not Applicable

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2016

Transaction ID : A2016-15174

Amount of Each Receipt this Period

100000.00

☐ Memo Item
Federal PAC

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700000.00

700000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 117

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Stott Development Solutions Group, Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		07		2016

Mailing Address 3605 Wilshire Ave

City
San MateoState
CAZip Code
94403Purpose of Disbursement
Fundraising Consultant

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

FEC Identification Number

C

Transaction ID : B632932

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hustle

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2016

Mailing Address 251 Kearney St, Ste 300

City
San FranciscoState
CAZip Code
94108Purpose of Disbursement
software licensing

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

FEC Identification Number

C

Transaction ID : B632943

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Stott Development Solutions Group, Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2016

Mailing Address 3605 Wilshire Ave

City
San MateoState
CAZip Code
94403Purpose of Disbursement
Fundraising Consultant

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

FEC Identification Number

C

Transaction ID : B632939

Amount of Each Disbursement this Period

6396.52

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

21396.52

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Project New America

Mailing Address 450 E. 17th Ave. Suite 310

City
DenverState
COZip Code
80203Purpose of Disbursement
Research Services

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	6		

FEC Identification Number

C

Transaction ID : B632944

Amount of Each Disbursement this Period

100000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Catalist LLC

Mailing Address 1090 Vermont Ave./Ste. 300

City
WashingtonState
DCZip Code
20006Purpose of Disbursement
Database Services

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	7			2	0	1	6		

FEC Identification Number

C

Transaction ID : B632933

Amount of Each Disbursement this Period

15088.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Catalist LLC

Mailing Address 1090 Vermont Ave./Ste. 300

City
WashingtonState
DCZip Code
20006Purpose of Disbursement
Database Services

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	1	6		

FEC Identification Number

C

Transaction ID : B632934

Amount of Each Disbursement this Period

187.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

115275.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Analyst Institute LLC

Mailing Address 815 16th Street, NW

City
WashingtonState
DCZip Code
20006Purpose of Disbursement
Research Services

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	3			2	0	1	6		

FEC Identification Number

C

Transaction ID : B633047

Amount of Each Disbursement this Period

4964.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Catalist LLC

Mailing Address 1090 Vermont Ave./Ste. 300

City
WashingtonState
DCZip Code
20006Purpose of Disbursement
Database Services

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	1	6		

FEC Identification Number

C

Transaction ID : B632937

Amount of Each Disbursement this Period

187.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Catalist LLC

Mailing Address 1090 Vermont Ave./Ste. 300

City
WashingtonState
DCZip Code
20006Purpose of Disbursement
Database Services

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	6		

FEC Identification Number

C

Transaction ID : B632938

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

6651.84

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 117

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Analyst Institute LLC

Mailing Address 815 16th Street, NW

City
WashingtonState
DCZip Code
20006Purpose of Disbursement
Research Services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	2		2	0	1	6		

FEC Identification Number

C

Transaction ID : B632942

Amount of Each Disbursement this Period

9000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Rath, Young and Pignatelli

Mailing Address One Capital Plaza

City
ConcordState
MAZip Code
03302Purpose of Disbursement
Legal Consulting

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	1	6		

FEC Identification Number

C

Transaction ID : B633048

Amount of Each Disbursement this Period

71.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Public Policy Polling

Mailing Address 2912 Highwoods Blvd./Suite 201

City
RaleighState
NCZip Code
27604Purpose of Disbursement
Research Services

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	3		2	0	1	6		

FEC Identification Number

C

Transaction ID : B632947

Amount of Each Disbursement this Period

12500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

21571.81

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 117

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Pennsylvania Advocates

Mailing Address 1514 North 2nd Street

City
HarrisburgState
PAZip Code
17102Purpose of Disbursement
Event space rental

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	3			2	0	1	6		

FEC Identification Number

C

Transaction ID : B632935

Amount of Each Disbursement this Period

730.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Blackbaud Inc.

Mailing Address 2000 Daniel Island Drive

City
CharlestonState
SCZip Code
29492Purpose of Disbursement
Merchant Fees

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	1	6		

FEC Identification Number

C

Transaction ID : B633099

Amount of Each Disbursement this Period

90.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Blackbaud Inc.

Mailing Address 2000 Daniel Island Drive

City
CharlestonState
SCZip Code
29492Purpose of Disbursement
Merchant Fees

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	1	6		

FEC Identification Number

C

Transaction ID : B632930

Amount of Each Disbursement this Period

260.06

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1080.06

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 117

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Blackbaud Inc.

Mailing Address 2000 Daniel Island Drive

City
CharlestonState
SCZip Code
29492Purpose of Disbursement
Merchant Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	1	6		

FEC Identification Number

C

Transaction ID : B632929

Amount of Each Disbursement this Period

130.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address P.O. Box 27025

City
RichmondState
VAZip Code
23261Purpose of Disbursement
Merchant Fees

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	2			2	0	1	6		

FEC Identification Number

C

Transaction ID : B633043

Amount of Each Disbursement this Period

205.86

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Precision Strategies

Mailing Address 1121 14th Street NW, Suite 700

City
WashingtonState
DCZip Code
20005Purpose of Disbursement
Communications Consulting

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	3			2	0	1	6		

FEC Identification Number

C

Transaction ID : B632945

Amount of Each Disbursement this Period

750.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1086.02

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 117

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Votes Colorado

Mailing Address 7155 E. 38th Avenue

City
DenverState
COZip Code
80207Purpose of Disbursement
reimbursement for travel expenses

012

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2016

FEC Identification Number

C

Transaction ID : B633046

Amount of Each Disbursement this Period

1765.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Advocates of Ohio

Mailing Address 206 E State St.

City
ColumbusState
OHZip Code
43215Purpose of Disbursement
advance payment

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		07		2016

FEC Identification Number

C

Transaction ID : B633506

Amount of Each Disbursement this Period

67889.26

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. American Teleconferencing Services, Ltd

Mailing Address 3280 Peachtree Rd., NW/Suite 1000

City
AtlantaState
GAZip Code
30305Purpose of Disbursement
Telephone services

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		20		2016

FEC Identification Number

C

Transaction ID : B632941

Amount of Each Disbursement this Period

157.61

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

69811.87

TOTAL This Period (last page this line number only)..... ►

236873.62

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 117

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. United We Can

Mailing Address 1800 Massachusetts Ave., NW

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Contribution

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	1	6		

FEC Identification Number

C C00523621

Transaction ID : B633156

Amount of Each Disbursement this Period

666666.66

Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michigan Planned Parenthood Votes

Mailing Address 115 W Allegan Ste. 500

City
LansingState
MIZip Code
48933Purpose of Disbursement
Contribution to federal committee in MI

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				1	4		2	0	1	6		

FEC Identification Number

C C00568931

Transaction ID : B632916

Amount of Each Disbursement this Period

100000.00

Contribution to federal committee in MI

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Advocates of Wisconsin Political Fund

Mailing Address 111 King St.#23

City
MadisonState
WIZip Code
53701Purpose of Disbursement
Contribution to federal committee in WI

011

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				2	1		2	0	1	6		

FEC Identification Number

C C90008673

Transaction ID : B632917

Amount of Each Disbursement this Period

180000.00

Contribution to federal committee in WI

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

946666.66

946666.66

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 117

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Pol. Cmte. of Planned Parenthood Advocates of AZ

Mailing Address 4751 N. 15th Street

City
PhoenixState
AZZip Code
85014Purpose of Disbursement
Contribution to non-federal state committee in AZ

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2016

FEC Identification Number

C

Transaction ID : B632921

Amount of Each Disbursement this Period

100000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Votes Colorado Independent Expenditure Committee

Mailing Address 7155 E 38th

City
DenverState
COZip Code
80207Purpose of Disbursement
Contribution to non-federal state committee in CO

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		21		2016

FEC Identification Number

C

Transaction ID : B632927

Amount of Each Disbursement this Period

150000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Votes New Mexico Independent Expenditure PAC

Mailing Address 7155 E 38th

City
DenverState
COZip Code
80207Purpose of Disbursement
Contribution to non-federal state committee in NM

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2016

FEC Identification Number

C

Transaction ID : B632928

Amount of Each Disbursement this Period

80000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

330000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 117

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Advocates of MT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2016

Mailing Address 2525 Fourth Avenue North Suite 201

City
BillingsState
MTZip Code
59101Purpose of Disbursement
Contribution for non-federal State Committee in MT

011

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

Not Applicable

State:

District:

FEC Identification Number

C

Transaction ID : B632918

Amount of Each Disbursement this Period

200000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FedEx Print Center

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Mailing Address 3 Colby Ct.

City
BedfordState
NHZip Code
03110Purpose of Disbursement
Canvass Lit in support of Colin Van Ostern starting on 9/2/16

011

Candidate Name

Category/
Type

Van Ostern, Colin, , ,

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: NH

District:

FEC Identification Number

C

Transaction ID : B627070

Amount of Each Disbursement this Period

1470.00

MEMO

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Community Outreach Group LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2016

Mailing Address 1110 Vermont Ave N.W. #300

City
WashingtonState
DCZip Code
20005Purpose of Disbursement
Canvassing in support of Colin Van Ostern.

011

Candidate Name

Category/
Type

Van Ostern, Colin, , ,

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NH

District:

FEC Identification Number

C

Transaction ID : B627075

Amount of Each Disbursement this Period

26723.24

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

226723.24

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 117

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

Full Name (Last, First, Middle Initial)

A. The Journeyman Press

Mailing Address 11 Malcolm Hoyt Dr.

City
NewburyportState
MAZip Code
01950Purpose of Disbursement
Canvass Lit in support of Colin Van Ostern starting on 9/3/16

011

Category/
Type

Candidate Name

Van Ostern, Colin, , ,Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2016

FEC Identification Number

C

Transaction ID : B627073

Amount of Each Disbursement this Period

315.75

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. The Journeyman Press

Mailing Address 11 Malcolm Hoyt Dr.

City
NewburyportState
MAZip Code
01950Purpose of Disbursement
Canvass Lit in support of Colin Van Ostern starting on 9/12/16

011

Category/
Type

Candidate Name

Van Ostern, Colin, , ,Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State: NH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2016

FEC Identification Number

C

Transaction ID : B627076

Amount of Each Disbursement this Period

947.25

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Advocates of WI Political Fund

Mailing Address 302 N Jackson St

City
MilwaukeeState
WIZip Code
53202Purpose of Disbursement
Contribution to Non-federal State Committee in WI

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Not Applicable

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		21		2016

FEC Identification Number

C

Transaction ID : B632923

Amount of Each Disbursement this Period

80000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

80000.00

636723.24

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 31 OF 117

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MackCrounse Group

Nature of Debt (Purpose):

Canvass literature

Mailing Address 2001 N. Beauregard St. Ste 420

City

Alexandria

State

VA

Zip Code

22311

Outstanding Balance Beginning This Period

3950.00

Transaction ID : D439020

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3950.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SKDKnickerbocker LLC

Nature of Debt (Purpose):

Production Fees: Television Advertisement

Mailing Address 1150 18th Street NW/Ste. 800

City

Washington

State

DC

Zip Code

20036

Outstanding Balance Beginning This Period

5000

Transaction ID : D439027

Amount Incurred This Period

2736.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7736.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

O'Brien Garrett (formerly known as OMP Inc.)

Nature of Debt (Purpose):

Printing of IE mail piece and fundraising
mailer. See schedule E

Mailing Address 1133 19th St. NW #300

City

Washington

State

DC

Zip Code

20036

Outstanding Balance Beginning This Period

23788.68

Transaction ID : D439029

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

23788.68

1) **SUBTOTALS** This Period This Page (optional)..... ►

35474.68

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 32 OF 117

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Itzamna Translations Company

Nature of Debt (Purpose):

Translation services. See schedule E

Mailing Address P.O. Box 1015

City
GlendaleState
AZZip Code
85311

Outstanding Balance Beginning This Period

112.58

Transaction ID : D439030

Amount Incurred This Period

254.67

Payment This Period

0.00

Outstanding Balance at Close of This Period

367.25

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Alliance Marketing Distributor Inc.

Nature of Debt (Purpose):

Printing of postcards and posters See
schedule E

Mailing Address 133 Industrial Ave.

City
Hasbrouck HeightsState
NJZip Code
07604

Outstanding Balance Beginning This Period

884.58

Transaction ID : D439032

Amount Incurred This Period

80.42

Payment This Period

0.00

Outstanding Balance at Close of This Period

965.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Network Solutions

Nature of Debt (Purpose):

Purchase of domain name. See schedule E

Mailing Address 13861 Sunrise Valley Dr. #300

City
HerndonState
VAZip Code
20171

Outstanding Balance Beginning This Period

15.99

Transaction ID : D439033

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15.99

1) **SUBTOTALS** This Period This Page (optional)..... ►

1348.24

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 33 OF 117

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Advocates of Ohio

Nature of Debt (Purpose):

Canvassing. See schedule E

Mailing Address 206 E. State Street

City

Columbus

State

OH

Zip Code

43215

Outstanding Balance Beginning This Period

78331.58

Transaction ID : D439037

Amount Incurred This Period

43167.13

Payment This Period

121498.70

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Rocky Mountains Action Fund

Nature of Debt (Purpose):

Events. See schedule E

Mailing Address 7155 E. 38th Avenue

City

Denver

State

CO

Zip Code

80207

Outstanding Balance Beginning This Period

12411.10

Transaction ID : D439038

Amount Incurred This Period

12411.06

Payment This Period

24822.16

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Latino Decisions

Nature of Debt (Purpose):

Polling. See schedule E

Mailing Address 15 South Grady Way, Suite 620

City

Seattle

State

WA

Zip Code

98057

Outstanding Balance Beginning This Period

55300.00

Transaction ID : D439039

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

55300.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

55300.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 34 OF 117

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Pennsylvania Advocates

Nature of Debt (Purpose):

Phone calls, events, Consultant: strategy and messaging, canvassing. See schedule E

Mailing Address 1514 North 2nd Street

City

Harrisburg

State

PA

Zip Code

17102

Outstanding Balance Beginning This Period

25000.00

Transaction ID : D439040

Amount Incurred This Period

15730.00

Payment This Period

40000.00

Outstanding Balance at Close of This Period

730.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Terris Barnes & Walters

Nature of Debt (Purpose):

Canvass Lit-Estimated costs. See Schedule E

Mailing Address 400 Montgomery St # 700

City

San Francisco

State

CA

Zip Code

94104

Outstanding Balance Beginning This Period

1732.67

Transaction ID : D439041

Amount Incurred This Period

16472.40

Payment This Period

0.00

Outstanding Balance at Close of This Period

18205.07

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Community Outreach Group

Nature of Debt (Purpose):

Canvassing. See Schedule E

Mailing Address 1110 Vermont Ave N.W. #300

City

Washington

State

DC

Zip Code

20050

Outstanding Balance Beginning This Period

0.00

Transaction ID : D439042

Amount Incurred This Period

126708.02

Payment This Period

0.00

Outstanding Balance at Close of This Period

126708.02

1) SUBTOTALS This Period This Page (optional)..... ►

145643.09

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 35 OF 117

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Action Fund Inc.

Nature of Debt (Purpose):

Event tickets, staff time, video footage. See schedule E

Mailing Address 123 William St. 10th Flr

City

New York

State

NY

Zip Code

10038

Outstanding Balance Beginning This Period

5629.44

Transaction ID : D439035

Amount Incurred This Period

0.00

Payment This Period

5629.44

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Pivot Group

Nature of Debt (Purpose):

Canvassing Lit. See Schedule E

Mailing Address 1720 I Street NW Suite 550

City

Washington

State

DC

Zip Code

20005

Outstanding Balance Beginning This Period

0.00

Transaction ID : D439043

Amount Incurred This Period

3540.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3540.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

The Journeyman Press

Nature of Debt (Purpose):

Canvassing Lit. See Schedule E

Mailing Address 11 Malcolm Hoyt Dr.

City

Newburyport

State

MA

Zip Code

01950

Outstanding Balance Beginning This Period

0.00

Transaction ID : D439044

Amount Incurred This Period

1263.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1263.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

4803.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
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PAGE 36 OF 117

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FedEx Print Center

Nature of Debt (Purpose):

Canvassing Lit. See Schedule E

Mailing Address 3 Colby Ct.

City

Bedford

State

NH

Zip Code

03110

Outstanding Balance Beginning This Period

0.00

Transaction ID : D439045

Amount Incurred This Period

1470.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1470.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Drew & Rogers, Inc.

Nature of Debt (Purpose):

Small items & distribution. See Schedule E

Mailing Address 30 Plymouth Street

City

Fairfield

State

NJ

Zip Code

07004

Outstanding Balance Beginning This Period

0.00

Transaction ID : D439046

Amount Incurred This Period

3612.93

Payment This Period

0.00

Outstanding Balance at Close of This Period

3612.93

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Blueprint Interactive

Nature of Debt (Purpose):

Online Advertising. See Schedule E

Mailing Address 2229 North Pollard St

City

Arlington

State

VA

Zip Code

22207

Outstanding Balance Beginning This Period

0.00

Transaction ID : D439047

Amount Incurred This Period

39000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

39000.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

44082.93

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 37 OF 117

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Planned Parenthood Votes

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

API Source

Nature of Debt (Purpose):

Online Advertising. See Schedule E

Mailing Address 2229 North Pollard St

City
LanhamState
MDZip Code
20706

Outstanding Balance Beginning This Period

0.00

Transaction ID : D439048

Amount Incurred This Period

1427.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1427.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

1427.00

2) **TOTALS** This Period (last page this line number only)..... ►

288078.94

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

288078.94

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 38 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee Catalist LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1090 Vermont Ave./Ste. 300			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">325.58</div>	
City Washington	State DC	Zip Code 20006		
Purpose of Expenditure Database Services		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	Transaction ID : B625145 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Heck, Joseph, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">550037.95</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Catalist LLC <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1090 Vermont Ave./Ste. 300			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">325.58</div>	
City Washington	State DC	Zip Code 20006		
Purpose of Expenditure Database Services		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	Transaction ID : B625146 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Cortez-Masto, Catherine, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">550037.95</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	651.16
(a) SUBTOTAL of Unitemized Independent Expenditures	▶	
(a) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gustafson, Liz, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 39 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Catalist LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1090 Vermont Ave./Ste. 300			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">325.58</div>	
City Washington	State DC	Zip Code 20006	Transaction ID : B625148 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Database Services		Category/ Type <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">004</div>	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Clinton, Hillary, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">2149965.77</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Catalist LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1090 Vermont Ave./Ste. 300			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">325.59</div>	
City Washington	State DC	Zip Code 20006	Transaction ID : B625149 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Database Services		Category/ Type <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">004</div>	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Trump, Donald, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">2149965.77</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	651.17
(a) SUBTOTAL of Unitemized Independent Expenditures	▶	
(a) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gustafson, Liz, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 40 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Community Outreach Group LLC			<input type="checkbox"/> Memo Item		
Mailing Address 1110 Vermont Ave N.W. #300			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 06 / 2016		
City Washington		State DC	Zip Code 20005		
Purpose of Expenditure Volunteer Recruitment. Pre-paid on M9 report.			Category/Type 004		
Name of Federal Candidate: Heck, Joseph, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			550037.95		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate			District: _____ State: NV		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Community Outreach Group LLC			<input type="checkbox"/> Memo Item		
Mailing Address 1110 Vermont Ave N.W. #300			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 06 / 2016		
City Washington		State DC	Zip Code 20005		
Purpose of Expenditure Volunteer Recruitment. Pre-paid on M9 report.			Category/Type 004		
Name of Federal Candidate: Cortez-Masto, Catherine, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			550037.95		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate			District: _____ State: NV		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2016 <input type="checkbox"/> Other (specify) ▶		
<div style="display: flex; justify-content: space-between;"> <div> <p>(a) SUBTOTAL of Itemized Independent Expenditures</p> <p>(a) SUBTOTAL of Unitemized Independent Expenditures</p> <p>(a) TOTAL Independent Expenditures</p> </div> <div style="border: 1px solid black; padding: 5px; width: 200px;"> <p>12836.14</p> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gustafson, Liz, , , Signature			Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2016		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 41 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Community Outreach Group LLC			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 06 / 2016		
Mailing Address 1110 Vermont Ave N.W. #300			Amount 5382.33		
City Washington	State DC	Zip Code 20005	Transaction ID : B625153		
Purpose of Expenditure Volunteer Recruitment. Pre-paid on M9 report.		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 31 / 2016		
Name of Federal Candidate: Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: US		
Calendar Year-To-Date Per Election for Office Sought 2149965.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Community Outreach Group LLC			<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 06 / 2016		
Mailing Address 1110 Vermont Ave N.W. #300			Amount 1035.74		
City Washington	State DC	Zip Code 20005	Transaction ID : B625172		
Purpose of Expenditure Volunteer Recruitment.		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 06 / 2016		
Name of Federal Candidate: Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: US		
Calendar Year-To-Date Per Election for Office Sought 2149965.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			5382.33		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gustafson, Liz, , , Signature			Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2016		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 42 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Community Outreach Group LLC			<input type="checkbox"/> Memo Item		
Mailing Address 1110 Vermont Ave N.W. #300			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2016		
City Washington	State DC	Zip Code 20005	Amount 6418.07		
Purpose of Expenditure Volunteer Recruitment. Pre-paid on M9 report.		Category/ Type 004	Transaction ID : B625155 Date of Disbursement or Obligation MM / DD / YYYY 08 / 31 / 2016		
Name of Federal Candidate: Trump, Donald, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>US</u>		
Calendar Year-To-Date Per Election for Office Sought 2149965.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Community Outreach Group LLC			<input type="checkbox"/> Memo Item		
Mailing Address 1110 Vermont Ave N.W. #300			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2016		
City Washington	State DC	Zip Code 20005	Amount 38508.42		
Purpose of Expenditure Phone Calls. Pre-paid on M9 report.		Category/ Type 004	Transaction ID : B625156 Date of Disbursement or Obligation MM / DD / YYYY 08 / 31 / 2016		
Name of Federal Candidate: Trump, Donald, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>US</u>		
Calendar Year-To-Date Per Election for Office Sought 2149965.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			44926.49		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gustafson, Liz, , , Signature			Date MM / DD / YYYY 10 / 20 / 2016		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 43 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Community Outreach Group LLC			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 06 / 2016		
Mailing Address 1110 Vermont Ave N.W. #300			Amount 38508.42		
City Washington	State DC	Zip Code 20005	Transaction ID : B625157		
Purpose of Expenditure Phone Calls. Pre-paid on M9 report.		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 31 / 2016		
Name of Federal Candidate: Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: US		
Calendar Year-To-Date Per Election for Office Sought 2149965.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Community Outreach Group LLC			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 06 / 2016		
Mailing Address 1110 Vermont Ave N.W. #300			Amount 38508.42		
City Washington	State DC	Zip Code 20005	Transaction ID : B625159		
Purpose of Expenditure Phone Calls. Pre-paid on M9 report.		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 31 / 2016		
Name of Federal Candidate: Cortez-Masto, Catherine, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought 550037.95			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			77016.84		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gustafson, Liz, , , Signature			Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2016		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 44 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ C C00489799							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY							
Full Name of Payee Community Outreach Group LLC			<input type="checkbox"/> Memo Item								
Mailing Address 1110 Vermont Ave N.W. #300			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2016								
City Washington		State DC	Zip Code 20005								
Purpose of Expenditure Canvassing. Pre-paid on M9 report.		Category/ Type 004		Amount 85618.26							
Name of Federal Candidate: Trump, Donald, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose								
Calendar Year-To-Date Per Election for Office Sought 2149965.77			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>								
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____								
Full Name of Payee Community Outreach Group LLC			<input type="checkbox"/> Memo Item								
Mailing Address 1110 Vermont Ave N.W. #300			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2016								
City Washington		State DC	Zip Code 20005								
Purpose of Expenditure Canvassing. Pre-paid on M9 report.		Category/ Type 004		Amount 85618.26							
Name of Federal Candidate: Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose								
Calendar Year-To-Date Per Election for Office Sought 2149965.77			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>								
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____								
<table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 40%; text-align: right;">171236.52</td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: right;"></td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: right;"></td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	171236.52	(a) SUBTOTAL of Unitemized Independent Expenditures		(a) TOTAL Independent Expenditures	
(a) SUBTOTAL of Itemized Independent Expenditures	171236.52										
(a) SUBTOTAL of Unitemized Independent Expenditures											
(a) TOTAL Independent Expenditures											
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
Gustafson, Liz, , , Signature			Date MM / DD / YYYY 10 / 20 / 2016								

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 45 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>
--	---

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Community Outreach Group LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">06</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>		
Mailing Address 1110 Vermont Ave N.W. #300					
City Washington	State DC	Zip Code 20005	Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 85618.26 </div>		
Purpose of Expenditure Canvassing. Pre-paid on M9 report.			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : B625106 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">31</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Name of Federal Candidate: Strickland, Ted, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">798633.79</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____		

Full Name of Payee <input type="checkbox"/> Memo Item Community Outreach Group LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">06</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>		
Mailing Address 1110 Vermont Ave N.W. #300					
City Washington	State DC	Zip Code 20005	Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 85618.25 </div>		
Purpose of Expenditure Canvassing. Pre-paid on M9 report.			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : B625107 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">08</div> <div style="border: 1px solid black; padding: 2px;">31</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Name of Federal Candidate: Portman, Rob, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">798633.79</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures	►	171236.51
(a) SUBTOTAL of Unitemized Independent Expenditures	►	
(a) TOTAL Independent Expenditures	►	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gustafson, Liz, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

10

20

2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 46 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>
--	---

 Check if ☐ 24-hour report ☐ 48-hour report

New report

Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee

Planned Parenthood Advocates of Ohio☐ Memo Item

Date of Public Distribution/Dissemination

M M /

D D /

Y Y Y Y Y Y

Mailing Address

206 E State St.

Amount

3237.54

City

Columbus

State

OH

Zip Code

43215

Transaction ID : B625109

Date of Disbursement or Obligation

M M /

D D /

Y Y Y Y Y Y

Purpose of Expenditure
Phone CallsCategory/
Type

004

Name of Federal Candidate:

Clinton, Hillary, , ,

☒ Support☐ Oppose

Office Sought:

☐ House

District: _____

☒ President☐ SenateState: US

Calendar Year-To-Date

Per Election for Office Sought

2149965.77

Disbursement For: ☐ Primary☒ General☐ Other (specify) ▶ _____

Full Name of Payee

Planned Parenthood Advocates of Ohio☐ Memo Item

Date of Public Distribution/Dissemination

M M /

D D /

Y Y Y Y Y Y

Mailing Address

206 E State St.

Amount

3237.53

City

Columbus

State

OH

Zip Code

43215

Transaction ID : B625110

Date of Disbursement or Obligation

M M /

D D /

Y Y Y Y Y Y

Purpose of Expenditure
Phone CallsCategory/
Type

004

Name of Federal Candidate:

Trump, Donald, , ,

☐ Support☒ Oppose

Office Sought:

☐ House

District: _____

☒ President☐ SenateState: US

Calendar Year-To-Date

Per Election for Office Sought

2149965.77

Disbursement For: ☐ Primary☒ General☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures

6475.07

(a) SUBTOTAL of Unitemized Independent Expenditures

(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gustafson, Liz, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 47 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Planned Parenthood Advocates of Ohio			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2016		
Mailing Address 206 E State St.			Amount 3237.53		
City Columbus	State OH	Zip Code 43215	Transaction ID : B625111		
Purpose of Expenditure Phone Calls		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2016		
Name of Federal Candidate: Strickland, Ted, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought 798633.79			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►		
Full Name of Payee Planned Parenthood Advocates of Ohio			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2016		
Mailing Address 206 E State St.			Amount 3237.54		
City Columbus	State OH	Zip Code 43215	Transaction ID : B625112		
Purpose of Expenditure Phone Calls		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2016		
Name of Federal Candidate: Portman, Rob, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought 798633.79			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures			6475.07		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gustafson, Liz, , , Signature			Date MM / DD / YYYY 10 / 20 / 2016		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 48 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Planned Parenthood Advocates of Ohio			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 06 / 2016		
Mailing Address 206 E State St.			Amount 6475.07		
City Columbus	State OH	Zip Code 43215	Transaction ID : B625113		
Purpose of Expenditure Canvassing		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 09 / 2016		
Name of Federal Candidate: Clinton, Hillary, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>		
Calendar Year-To-Date Per Election for Office Sought 2149965.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Planned Parenthood Advocates of Ohio			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 06 / 2016		
Mailing Address 206 E State St.			Amount 6475.07		
City Columbus	State OH	Zip Code 43215	Transaction ID : B625114		
Purpose of Expenditure Canvassing		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 09 / 2016		
Name of Federal Candidate: Trump, Donald, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>		
Calendar Year-To-Date Per Election for Office Sought 2149965.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			12950.14		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gustafson, Liz, , , Signature			Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2016		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 49 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Advocates of Ohio			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">06</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Mailing Address 206 E State St.				
City Columbus	State OH	Zip Code 43215	Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div style="width: 60%;"></div> <div>6475.07</div> </div>	
Purpose of Expenditure Canvassing			Transaction ID : B625116 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>				

Name of Federal Candidate: Strickland, Ted, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div style="width: 60%;"></div> <div>798633.79</div> </div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____				

Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Advocates of Ohio			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">06</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Mailing Address 206 E State St.				
City Columbus	State OH	Zip Code 43215	Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div style="width: 60%;"></div> <div>6475.07</div> </div>	
Purpose of Expenditure Canvassing			Transaction ID : B625117 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>				
Name of Federal Candidate: Portman, Rob, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div style="width: 60%;"></div> <div>798633.79</div> </div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____				

(a) SUBTOTAL of Itemized Independent Expenditures	▶	12950.14
(a) SUBTOTAL of Unitemized Independent Expenditures	▶	
(a) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gustafson, Liz, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

10

20

2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 50 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on	
Full Name of Payee Planned Parenthood Advocates of Ohio		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>09 / 06 / 2016</div> </div>	
Mailing Address 206 E State St.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4316.71</div>	
City Columbus	State OH	Zip Code 43215	Transaction ID : B625118 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>09 / 09 / 2016</div> </div>
Purpose of Expenditure Events		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: Clinton, Hillary, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Community Outreach Group LLC		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>09 / 06 / 2016</div> </div>	
Mailing Address 1110 Vermont Ave N.W. #300		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100000.00</div>	
City Washington	State DC	Zip Code 20005	Transaction ID : B625119 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>08 / 31 / 2016</div> </div>
Purpose of Expenditure Canvassing. Pre-paid on M9 report.		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: Trump, Donald, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">104316.71</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(a) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Gustafson, Liz, , , Signature		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>10 / 20 / 2016</div> </div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 51 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes	FEC IDENTIFICATION NUMBER ▼ C C00489799
--	---

 Check if ☐ 24-hour report ☐ 48-hour report

New report

Amends report filed on

 M M / D D / Y Y Y Y Y Y
 / / /

 Full Name of Payee
Community Outreach Group LLC
☒ Memo Item

Date of Public Distribution/Dissemination

 M M / D D / Y Y Y Y Y Y
 09 / 06 / 2016

Mailing Address 1110 Vermont Ave N.W. #300

Amount

100000.00

City

State

Zip Code

Washington

DC

20005

Purpose of Expenditure
Canvassing. Pre-paid on M9 report.Category/
Type

004

Transaction ID : B625129

Date of Disbursement or Obligation

 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2016

Name of Federal Candidate:

Clinton, Hillary, , ,

☒ Support☐ Oppose

Office Sought:

☐ House

District: _____

☒ President☐ Senate

State: US

Calendar Year-To-Date
Per Election for Office Sought

2149965.77

Disbursement For: ☐ Primary☒ General☐ Other (specify) ▶
 Full Name of Payee
Community Outreach Group LLC
☐ Memo Item

Date of Public Distribution/Dissemination

 M M / D D / Y Y Y Y Y Y
 09 / 06 / 2016

Mailing Address 1110 Vermont Ave N.W. #300

Amount

100000.00

City

State

Zip Code

Washington

DC

20005

Purpose of Expenditure
Canvassing. Pre-paid on M9 report.Category/
Type

004

Transaction ID : B625130

Date of Disbursement or Obligation

 M M / D D / Y Y Y Y Y Y
 08 / 31 / 2016

Name of Federal Candidate:

McGinty, Katie, , ,

☒ Support☐ Oppose

Office Sought:

☐ House

District: _____

☐ President☒ Senate

State: PA

Calendar Year-To-Date
Per Election for Office Sought

2045878.96

Disbursement For: ☐ Primary☒ General☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures

100000.00

(a) SUBTOTAL of Unitemized Independent Expenditures

(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gustafson, Liz, , ,

[Electronically Filed]

Date

 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 52 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Community Outreach Group LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1110 Vermont Ave N.W. #300			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">38508.42</div>	
City Washington	State DC	Zip Code 20005	Transaction ID : B625160 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Phone Calls. Pre-paid on M9 report.		Category/ Type <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">004</div>	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Heck, Joseph, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">550037.95</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Community Outreach Group LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1110 Vermont Ave N.W. #300			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">12836.14</div>	
City Washington	State DC	Zip Code 20005	Transaction ID : B625161 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Canvassing. Pre-paid on M9 report.		Category/ Type <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">004</div>	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Heck, Joseph, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">550037.95</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	51344.56
(a) SUBTOTAL of Unitemized Independent Expenditures	▶	
(a) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gustafson, Liz, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 53 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Community Outreach Group LLC			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 06 / 2016		
Mailing Address 1110 Vermont Ave N.W. #300			Amount 12836.14		
City Washington	State DC	Zip Code 20005	Transaction ID : B625162 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 20 / 2016		
Purpose of Expenditure Canvassing. Pre-paid on M9 report.		Category/ Type 004			
Name of Federal Candidate: Cortez-Masto, Catherine, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NV		
Calendar Year-To-Date Per Election for Office Sought 550037.95			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Community Outreach Group LLC			<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 06 / 2016		
Mailing Address 1110 Vermont Ave N.W. #300			Amount 12836.14		
City Washington	State DC	Zip Code 20005	Transaction ID : B625163 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 06 / 2016		
Purpose of Expenditure Canvassing		Category/ Type 004			
Name of Federal Candidate: Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: US		
Calendar Year-To-Date Per Election for Office Sought 2149965.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			12836.14		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Gustafson, Liz, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 54 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <input checked="" type="checkbox"/> Memo Item Community Outreach Group LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>09</div> <div>06</div> <div>2016</div> </div>		
Mailing Address 1110 Vermont Ave N.W. #300			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12836.14</div>		
City Washington	State DC	Zip Code 20005	Transaction ID : B625164 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>09</div> <div>06</div> <div>2016</div> </div>		
Purpose of Expenditure Canvassing		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>			
Name of Federal Candidate: Trump, Donald, , ,			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2149965.77</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <input type="checkbox"/> Memo Item Community Outreach Group LLC			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>09</div> <div>06</div> <div>2016</div> </div>		
Mailing Address 1110 Vermont Ave N.W. #300			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25672.28</div>		
City Washington	State DC	Zip Code 20005	Transaction ID : B625165 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>08</div> <div>31</div> <div>2016</div> </div>		
Purpose of Expenditure Events. Pre-paid on M9 report.		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>			
Name of Federal Candidate: Clinton, Hillary, , ,			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2149965.77</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">25672.28</div>		
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gustafson, Liz, , , Signature		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>10</div> <div>20</div> <div>2016</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 55 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Community Outreach Group LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 06 / 2016		
Mailing Address 1110 Vermont Ave N.W. #300			Amount 100000.00		
City Washington	State DC	Zip Code 20005	Transaction ID : B625131		
Purpose of Expenditure Canvassing. Pre-paid on M9 report.		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 31 / 2016		
Name of Federal Candidate: Toomey, Pat, , ,			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) _____		
Full Name of Payee Planned Parenthood Pennsylvania Advocates			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 06 / 2016		
Mailing Address 1514 North 2nd Street, Harrisburg,			Amount 1875.00		
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B625138		
Purpose of Expenditure Phone Calls		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 06 / 2016		
Name of Federal Candidate: Toomey, Pat, , ,			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) _____		
(a) SUBTOTAL of Itemized Independent Expenditures			101875.00		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Gustafson, Liz, , ,</i>			Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2016		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 56 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Planned Parenthood Pennsylvania Advocates			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2016		
Mailing Address 1514 North 2nd Street, Harrisburg,			Amount 1875.00		
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B625139		
Purpose of Expenditure Phone Calls		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2016		
Name of Federal Candidate: McGinty, Katie, , ,			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>PA</u>		
Calendar Year-To-Date Per Election for Office Sought 2045878.96			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Planned Parenthood Pennsylvania Advocates			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2016		
Mailing Address 1514 North 2nd Street, Harrisburg,			Amount 1875.00		
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B625140		
Purpose of Expenditure Phone Calls		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2016		
Name of Federal Candidate: Clinton, Hillary, , ,			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>US</u>		
Calendar Year-To-Date Per Election for Office Sought 2149965.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			3750.00		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gustafson, Liz, , , Signature			[Electronically Filed] Date MM / DD / YYYY 10 / 20 / 2016		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 57 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Pennsylvania Advocates			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1514 North 2nd Street, Harrisburg,			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1875.00</div>	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B625141 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Phone Calls		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Trump, Donald, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2149965.77</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Pennsylvania Advocates			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1514 North 2nd Street, Harrisburg,			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">937.50</div>	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B625142 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Consultant: strategy and messaging		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Trump, Donald, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2149965.77</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	2812.50
(a) SUBTOTAL of Unitemized Independent Expenditures	▶	
(a) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gustafson, Liz, , ,

[Electronically Filed]

Date

M M /

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10

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2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>				
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Pennsylvania Advocates			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1514 North 2nd Street, Harrisburg,			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 937.50 </div>	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B625143 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Consultant: strategy and messaging		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Clinton, Hillary, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2149965.77</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Pennsylvania Advocates			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1514 North 2nd Street, Harrisburg,			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 937.50 </div>	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B625132 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Events		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Trump, Donald, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2149965.77</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1875.00 </div>	
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div>	
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> _____ </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Gustafson, Liz, , , Signature			Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
[Electronically Filed]			Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 59 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Pennsylvania Advocates			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>09 / 06 / 2016</div> </div>	
Mailing Address 1514 North 2nd Street, Harrisburg,			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">937.50</div> Transaction ID : B625134 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>09 / 07 / 2016</div> </div>	
City Harrisburg	State PA	Zip Code 17102		
Purpose of Expenditure Events		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Clinton, Hillary, , ,			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2149965.77</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Pennsylvania Advocates			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>09 / 06 / 2016</div> </div>	
Mailing Address 1514 North 2nd Street, Harrisburg,			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">937.50</div> Transaction ID : B625135 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>09 / 07 / 2016</div> </div>	
City Harrisburg	State PA	Zip Code 17102		
Purpose of Expenditure Consultant: strategy and messaging		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose McGinty, Katie, , ,			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>PA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2045878.96</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	1875.00
(a) SUBTOTAL of Unitemized Independent Expenditures	▶	
(a) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gustafson, Liz, , ,

[Electronically Filed]

Date

MM / DD / YYYY

10 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 60 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes			FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Planned Parenthood Pennsylvania Advocates <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2016	
Mailing Address 1514 North 2nd Street, Harrisburg,			Amount 937.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B625136	
Purpose of Expenditure Events		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2016	
Name of Federal Candidate: Toomey, Pat, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>PA</u>	
Calendar Year-To-Date Per Election for Office Sought 2045878.96			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Planned Parenthood Pennsylvania Advocates <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2016	
Mailing Address 1514 North 2nd Street, Harrisburg,			Amount 937.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B625144	
Purpose of Expenditure Consultant: strategy and messaging		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2016	
Name of Federal Candidate: Toomey, Pat, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>PA</u>	
Calendar Year-To-Date Per Election for Office Sought 2045878.96			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures			1875.00	
(a) SUBTOTAL of Unitemized Independent Expenditures				
(a) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Gustafson, Liz, , ,</i>			Date MM / DD / YYYY 10 / 20 / 2016	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Pennsylvania Advocates			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 06 / 2016 </div>	
Mailing Address 1514 North 2nd Street, Harrisburg,				
City Harrisburg	State PA	Zip Code 17102	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 937.50 </div>	
Purpose of Expenditure Events		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	Transaction ID : B625192 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 07 / 2016 </div>	
Name of Federal Candidate: McGinty, Katie, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>PA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2045878.96</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Pennsylvania Advocates			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 08 / 09 / 2016 </div>	
Mailing Address 1514 North 2nd Street, Harrisburg,				
City Harrisburg	State PA	Zip Code 17102	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1562.50 </div>	
Purpose of Expenditure Full payment of transaction B621998 originally reported on 2016 FEC M9 report. See Schedule D		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	Transaction ID : B621998 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 07 / 2016 </div>	
Name of Federal Candidate: Toomey, Pat, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>PA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2045878.96</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures	►	2500.00
(a) SUBTOTAL of Unitemized Independent Expenditures	►	
(a) TOTAL Independent Expenditures	►	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gustafson, Liz, , ,

[Electronically Filed]

Date

MM / DD / YYYY
 10 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 62 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on MM / DD / YYYY	

Full Name of Payee Planned Parenthood Pennsylvania Advocates		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 09 / 2016	
Mailing Address 1514 North 2nd Street, Harrisburg,		Amount 1562.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B621999
Purpose of Expenditure Full payment of transaction B621999 originally reported on 2016 FEC M9 report. See Schedule D		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2016
Name of Federal Candidate: Toomey, Pat, , ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>PA</u>	
Calendar Year-To-Date Per Election for Office Sought 2045878.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Planned Parenthood Pennsylvania Advocates		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 09 / 2016	
Mailing Address 1514 North 2nd Street, Harrisburg,		Amount 1562.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B622000
Purpose of Expenditure Full payment of transaction B621100 originally reported on 2016 FEC M9 report. See Schedule D		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2016
Name of Federal Candidate: Toomey, Pat, , ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>PA</u>	
Calendar Year-To-Date Per Election for Office Sought 2045878.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	3125.00
(a) SUBTOTAL of Unitemized Independent Expenditures	
(a) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gustafson, Liz, , ,
[Electronically Filed]

Signature
 Date MM / DD / YYYY
10 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 63 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Pennsylvania Advocates		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 08 / 09 / 2016 </div>	
Mailing Address 1514 North 2nd Street, Harrisburg,		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1562.50 </div>	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B622001 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 07 / 2016 </div>
Purpose of Expenditure Full payment of transaction B621101 originally reported on 2016 FEC M9 report. See Schedule D		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: Toomey, Pat, , ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ State: <u>PA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2045878.96</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Pennsylvania Advocates		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 08 / 09 / 2016 </div>	
Mailing Address 1514 North 2nd Street, Harrisburg,		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1562.50 </div>	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B622002 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 07 / 2016 </div>
Purpose of Expenditure Full payment of transaction B621102 originally reported on 2016 FEC M9 report. See Schedule D		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: McGinty, Katie, , ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ State: <u>PA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2045878.96</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">3125.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gustafson, Liz, , , [Electronically Filed]
 Signature Date

M M / D D / Y Y Y Y Y Y
 10 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 64 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>
--	---

 Check if ☐ 24-hour report ☐ 48-hour report

New report

Amends report filed on

 M M / D D / Y Y Y Y Y Y
 08 / 09 / 2016

 Full Name of Payee ☐ Memo Item
Planned Parenthood Pennsylvania Advocates

Mailing Address 1514 North 2nd Street, Harrisburg,

 City
 Harrisburg

 State
 PA

 Zip Code
 17102

 Purpose of Expenditure
 Full payment of transaction B621103 originally reported on
 2016 FEC M9 report. See Schedule D

 Category/
 Type 004

Date of Public Distribution/Dissemination

 M M / D D / Y Y Y Y Y Y
 08 / 09 / 2016

Amount

1562.50

Transaction ID : B622003

Date of Disbursement or Obligation

 M M / D D / Y Y Y Y Y Y
 09 / 07 / 2016

Name of Federal Candidate:

McGinty, Katie, , ,

☒ Support☐ Oppose

Office Sought:

☐ House

District: _____

☐ President☒ Senate

State: PA

 Calendar Year-To-Date
 Per Election for Office Sought

2045878.96

 Disbursement For: ☐ Primary ☒ General
 2016 ☐ Other (specify) ►

 Full Name of Payee ☐ Memo Item
Planned Parenthood Pennsylvania Advocates

Mailing Address 1514 North 2nd Street, Harrisburg,

 City
 Harrisburg

 State
 PA

 Zip Code
 17102

 Purpose of Expenditure
 Full payment of transaction B621104 originally reported on
 2016 FEC M9 report. See Schedule D

 Category/
 Type 004

Date of Public Distribution/Dissemination

 M M / D D / Y Y Y Y Y Y
 08 / 09 / 2016

Amount

1562.50

Transaction ID : B622004

Date of Disbursement or Obligation

 M M / D D / Y Y Y Y Y Y
 09 / 07 / 2016

Name of Federal Candidate:

McGinty, Katie, , ,

☒ Support☐ Oppose

Office Sought:

☐ House

District: _____

☐ President☒ Senate

State: PA

 Calendar Year-To-Date
 Per Election for Office Sought

2045878.96

 Disbursement For: ☐ Primary ☒ General
 2016 ☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures

3125.00

(a) SUBTOTAL of Unitemized Independent Expenditures

(a) TOTAL Independent Expenditures

 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert
 with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political
 party committee) any political party committee or its agent.

Gustafson, Liz, , ,

[Electronically Filed]

Date

 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 65 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Pennsylvania Advocates		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 08 / 09 / 2016 </div>	
Mailing Address 1514 North 2nd Street, Harrisburg,		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1562.50 </div>	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B622005 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 07 / 2016 </div>
Purpose of Expenditure Full payment of transaction B621105 originally reported on 2016 FEC M9 report. See Schedule D		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: McGinty, Katie, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: PA	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">2045878.96</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Pennsylvania Advocates		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 08 / 09 / 2016 </div>	
Mailing Address 1514 North 2nd Street, Harrisburg,		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1562.50 </div>	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B622006 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 07 / 2016 </div>
Purpose of Expenditure Full payment of transaction B621106 originally reported on 2016 FEC M9 report. See Schedule D		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> State: US	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">2149965.77</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">3125.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gustafson, Liz, , , [Electronically Filed]
 Signature Date

M M / D D / Y Y Y Y Y Y
 10 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 66 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Pennsylvania Advocates		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 08 / 09 / 2016 </div>	
Mailing Address 1514 North 2nd Street, Harrisburg,		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1562.50 </div>	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B622007 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 07 / 2016 </div>
Purpose of Expenditure Full payment of transaction B621107 originally reported on 2016 FEC M9 report. See Schedule D		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2149965.77</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Pennsylvania Advocates		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 08 / 09 / 2016 </div>	
Mailing Address 1514 North 2nd Street, Harrisburg,		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1562.50 </div>	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B622008 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 07 / 2016 </div>
Purpose of Expenditure Full payment of transaction B622008 originally reported on 2016 FEC M9 report. See Schedule D		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2149965.77</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">3125.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gustafson, Liz, , , [Electronically Filed]
 Signature Date

M M / D D / Y Y Y Y Y Y
 10 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 67 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on MM / DD / YYYY				
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Pennsylvania Advocates			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 09 / 2016	
Mailing Address 1514 North 2nd Street, Harrisburg,			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1562.50</div>	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B622009 Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2016	
Purpose of Expenditure Full payment of transaction B622009 originally reported on 2016 FEC M9 report. See Schedule D			Category/Type 004	
Name of Federal Candidate: Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought 2149965.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Pennsylvania Advocates			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 09 / 2016	
Mailing Address 1514 North 2nd Street, Harrisburg,			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1562.50</div>	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B622010 Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2016	
Purpose of Expenditure Full payment of transaction B622010 originally reported on 2016 FEC M9 report. See Schedule D			Category/Type 004	
Name of Federal Candidate: Trump, Donald, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought 2149965.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">3125.00</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(a) TOTAL Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Gustafson, Liz, , , Signature			[Electronically Filed] Date MM / DD / YYYY 10 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 68 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Pennsylvania Advocates		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 08 / 09 / 2016 </div>	
Mailing Address 1514 North 2nd Street, Harrisburg,		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1562.50 </div>	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B622011 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 07 / 2016 </div>
Purpose of Expenditure Full payment of transaction B622011 originally reported on 2016 FEC M9 report. See Schedule D		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: Trump, Donald, , ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2149965.77</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Pennsylvania Advocates		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 08 / 09 / 2016 </div>	
Mailing Address 1514 North 2nd Street, Harrisburg,		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1562.50 </div>	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B622012 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 07 / 2016 </div>
Purpose of Expenditure Full payment of transaction B622012 originally reported on 2016 FEC M9 report. See Schedule D		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: Trump, Donald, , ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2149965.77</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">3125.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gustafson, Liz, , , [Electronically Filed]
 Signature Date

M M / D D / Y Y Y Y Y Y
 10 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 69 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on MM / DD / YYYY				
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Pennsylvania Advocates			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 09 / 2016	
Mailing Address 1514 North 2nd Street, Harrisburg,			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1562.50</div>	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B622013 Date of Disbursement or Obligation MM / DD / YYYY 09 / 07 / 2016	
Purpose of Expenditure Full payment of transaction B622013 originally reported on 2016 FEC M9 report. See Schedule D		Category/Type 004		
Name of Federal Candidate: <input type="checkbox"/> Support Trump, Donald, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought 2149965.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item 76 Words			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2016	
Mailing Address 1806 Vernon Street, Ste. #100			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">11100.00</div>	
City Washington	State DC	Zip Code 20009	Transaction ID : B625367 Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2016	
Purpose of Expenditure Digital Ad Production		Category/Type 004		
Name of Federal Candidate: <input type="checkbox"/> Support Heck, Joseph, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought 550037.95			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">12662.50</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Gustafson, Liz, , , Signature			Date MM / DD / YYYY 10 / 20 / 2016	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 70 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes			FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee 76 Words <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 23 / 2016	
Mailing Address 1806 Vernon Street, Ste. #100			Amount 33141.97	
City Washington	State DC	Zip Code 20009	Transaction ID : B625368 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 08 / 2016	
Purpose of Expenditure Digital Ad Production and Commission		Category/ Type 004		
Name of Federal Candidate: Heck, Joseph, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NV <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 550037.95			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Bully Pulpit Interactive <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 08 / 2016	
Mailing Address 1140 Connecticut Ave NW #800			Amount 226957.00	
City Washington	State DC	Zip Code 20036	Transaction ID : B625369 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 02 / 2016	
Purpose of Expenditure Digital Ad Buy		Category/ Type 004		
Name of Federal Candidate: Heck, Joseph, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NV <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought 550037.95			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures			260098.97	
(a) SUBTOTAL of Unitemized Independent Expenditures				
(a) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Gustafson, Liz, , ,</i>			Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2016	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 71 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <input checked="" type="checkbox"/> Memo Item Itzamna Translations Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>09</div> <div>08</div> <div>2016</div> </div>		
Mailing Address P.O. Box 1015			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">44.07</div>		
City Glendale	State AZ	Zip Code 85311	Transaction ID : B625370 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>09</div> <div>08</div> <div>2016</div> </div>		
Purpose of Expenditure Translation services		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>			
Name of Federal Candidate: Heck, Joseph, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">550037.95</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <input checked="" type="checkbox"/> Memo Item Planned Parenthood Pennsylvania Advocates			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>09</div> <div>08</div> <div>2016</div> </div>		
Mailing Address 1514 North 2nd Street			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">730.00</div>		
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B625371 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>09</div> <div>08</div> <div>2016</div> </div>		
Purpose of Expenditure Facility Rental		Category/ Type <div style="border: 1px solid black; padding: 2px;">003</div>			
Name of Federal Candidate: Heck, Joseph, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">550037.95</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>		
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Gustafson, Liz, , ,</i>		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div>10</div> <div>20</div> <div>2016</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee SKDKnickerbocker			<input type="checkbox"/> Memo Item		
Mailing Address 1150 18th St., NW #800			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 12 / 2016		
City Washington		State DC		Zip Code 20036	
Purpose of Expenditure Television Ad Buy			Category/Type 004		
Name of Federal Candidate: Trump, Donald, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			2149965.77		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President			District: _____ State: US		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2016 <input type="checkbox"/> Other (specify) ▶ _____		
Amount 500844.00			Transaction ID : B625999		
Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 08 / 2016					
Full Name of Payee SKDKnickerbocker			<input type="checkbox"/> Memo Item		
Mailing Address 1150 18th St., NW #800			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 12 / 2016		
City Washington		State DC		Zip Code 20036	
Purpose of Expenditure Television Ad Buy			Category/Type 004		
Name of Federal Candidate: Ayotte, Kelly, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			687249.22		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate			District: _____ State: NH		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			2016 <input type="checkbox"/> Other (specify) ▶ _____		
Amount 500844.00			Transaction ID : B626000		
Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 08 / 2016					
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="border: 1px solid black; padding: 5px; text-align: right;">1001688.00</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>(a) SUBTOTAL of Unitemized Independent Expenditures</div> <div style="border: 1px solid black; padding: 5px; text-align: right;"> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>(a) TOTAL Independent Expenditures</div> <div style="border: 1px solid black; padding: 5px; text-align: right;"> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Gustafson, Liz, , ,</u>			Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2016		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 73 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Planned Parenthood Advocates of Ohio			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 02 / 2016		
Mailing Address 206 E State St.			Amount 8912.13		
City Columbus	State OH	Zip Code 43215	Transaction ID : B621425		
Purpose of Expenditure Full payment of transaction B621425 originally reported on 2016 FEC M9 report. See Schedule D		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 09 / 2016		
Name of Federal Candidate: Clinton, Hillary, , ,			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>		
Calendar Year-To-Date Per Election for Office Sought 2149965.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Planned Parenthood Advocates of Ohio			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 02 / 2016		
Mailing Address 206 E State St.			Amount 8912.13		
City Columbus	State OH	Zip Code 43215	Transaction ID : B621426		
Purpose of Expenditure Full payment of transaction B621426 originally reported on 2016 FEC M9 report. See Schedule D		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 09 / 2016		
Name of Federal Candidate: Trump, Donald, , ,			Office Sought: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>		
Calendar Year-To-Date Per Election for Office Sought 2149965.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			17824.26		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gustafson, Liz, , , Signature			Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2016		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 74 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Planned Parenthood Advocates of Ohio <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 02 / 2016	
Mailing Address 206 E State St.		Amount 8912.13	
City Columbus	State OH	Zip Code 43215	Transaction ID : B621427
Purpose of Expenditure Full payment of transaction B621427 originally reported on 2016 FEC M9 report. See Schedule D		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 09 / 2016
Name of Federal Candidate: Strickland, Ted, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: OH	
Calendar Year-To-Date Per Election for Office Sought 798633.79		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Planned Parenthood Advocates of Ohio <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 02 / 2016	
Mailing Address 206 E State St.		Amount 8912.13	
City Columbus	State OH	Zip Code 43215	Transaction ID : B621428
Purpose of Expenditure Full payment of transaction B621428 originally reported on 2016 FEC M9 report. See Schedule D		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 09 / 2016
Name of Federal Candidate: Portman, Rob, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: OH	
Calendar Year-To-Date Per Election for Office Sought 798633.79		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures		17824.26	
(a) SUBTOTAL of Unitemized Independent Expenditures			
(a) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Gustafson, Liz, , ,</i>		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2016	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 75 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 300px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>				
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Advocates of Ohio			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Mailing Address 206 E State St.			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">4456.07</div>	
City Columbus	State OH	Zip Code 43215	Transaction ID : B621429 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Purpose of Expenditure Full payment of transaction B621429 originally reported on 2016 FEC M9 report. See Schedule D			Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: Portman, Rob, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General State: OH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">798633.79</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Advocates of Ohio			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Mailing Address 206 E State St.			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">4456.07</div>	
City Columbus	State OH	Zip Code 43215	Transaction ID : B621430 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Purpose of Expenditure Full payment of transaction B621430 originally reported on 2016 FEC M9 report. See Schedule D			Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: Strickland, Ted, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General State: OH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">798633.79</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">8912.14</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>Gustafson, Liz, , ,</i>			Date <div style="display: flex; justify-content: space-between; width: 150px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
[Electronically Filed]			10 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on MM / DD / YYYY				
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Advocates of Ohio			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 02 / 2016	
Mailing Address 206 E State St.			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4456.07</div>	
City Columbus	State OH	Zip Code 43215	Transaction ID : B621431 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2016	
Purpose of Expenditure Full payment of transaction B621431 originally reported on 2016 FEC M9 report. See Schedule D			Category/Type 004	
Name of Federal Candidate: Trump, Donald, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought 2149965.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Advocates of Ohio			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 02 / 2016	
Mailing Address 206 E State St.			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4456.07</div>	
City Columbus	State OH	Zip Code 43215	Transaction ID : B621432 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2016	
Purpose of Expenditure Full payment of transaction B621432 originally reported on 2016 FEC M9 report. See Schedule D			Category/Type 004	
Name of Federal Candidate: Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought 2149965.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">8912.14</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Gustafson, Liz, , , Signature			Date MM / DD / YYYY 10 / 20 / 2016	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Planned Parenthood Advocates of Ohio			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 02 / 2016		
Mailing Address 206 E State St.			Amount 5941.41		
City Columbus	State OH	Zip Code 43215	Transaction ID : B621444		
Purpose of Expenditure Full payment of transaction B621444 originally reported on 2016 FEC M9 report. See Schedule D		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2016		
Name of Federal Candidate: Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: US		
Calendar Year-To-Date Per Election for Office Sought 2149965.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Planned Parenthood Advocates of Ohio			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2016		
Mailing Address 206 E State St.			Amount 4256.41		
City Columbus	State OH	Zip Code 43215	Transaction ID : B621105		
Purpose of Expenditure Full payment of transaction B621105 originally reported on 2016 FEC M8 report. See Schedule D		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2016		
Name of Federal Candidate: Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: US		
Calendar Year-To-Date Per Election for Office Sought 2149965.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			10197.82		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Gustafson, Liz, , ,		[Electronically Filed]		Date MM / DD / YYYY 10 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 78 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Advocates of Ohio		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 07 / 29 / 2016 </div>	
Mailing Address 206 E State St.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 4256.41 </div>	
City Columbus	State OH	Zip Code 43215	Transaction ID : B621106 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 09 / 2016 </div>
Purpose of Expenditure Full payment of transaction B621106 originally reported on 2016 FEC M8 report. See Schedule D		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: Trump, Donald, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2149965.77 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Advocates of Ohio		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 07 / 29 / 2016 </div>	
Mailing Address 206 E State St.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 4256.41 </div>	
City Columbus	State OH	Zip Code 43215	Transaction ID : B621107 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 09 / 2016 </div>
Purpose of Expenditure Full payment of transaction B621107 originally reported on 2016 FEC M8 report. See Schedule D		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: Strickland, Ted, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 798633.79 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 8512.82 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 8512.82 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gustafson, Liz, , , [Electronically Filed]
 Signature Date

M M / D D / Y Y Y Y Y Y
 10 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 79 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on MM / DD / YYYY	

Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Advocates of Ohio		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 29 / 2016	
Mailing Address 206 E State St.		Amount 4256.41	
City Columbus	State OH	Zip Code 43215	Transaction ID : B621108
Purpose of Expenditure Full payment of transaction B621108 originally reported on 2016 FEC M8 report. See Schedule D		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2016
Name of Federal Candidate: Portman, Rob, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>	
Calendar Year-To-Date Per Election for Office Sought 798633.79		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Advocates of Ohio		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2016	
Mailing Address 206 E State St.		Amount 1891.73	
City Columbus	State OH	Zip Code 43215	Transaction ID : B621109
Purpose of Expenditure Full payment of transaction B621109 originally reported on 2016 FEC M8 report. See Schedule D		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2016
Name of Federal Candidate: Clinton, Hillary, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought 2149965.77		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	6148.14
(a) SUBTOTAL of Unitemized Independent Expenditures	
(a) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gustafson, Liz, , ,
 Signature

[Electronically Filed]

Date MM / DD / YYYY
 10 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 80 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item Blueprint Interactive				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2229 North Pollard St				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">66400.00</div>	
City Arlington	State VA	Zip Code 22207	Transaction ID : B625996 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Digital Ad Buy and Commission		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: Trump, Donald, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">2149965.77</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			2016		
Full Name of Payee <input type="checkbox"/> Memo Item Blueprint Interactive				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2229 North Pollard St				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">66400.00</div>	
City Arlington	State VA	Zip Code 22207	Transaction ID : B625997 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Digital Ad Buy and Commission		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: Ayotte, Kelly, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">687249.22</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			2016		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;">132800.00</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gustafson, Liz, , , Signature			[Electronically Filed]		Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 81 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on MM / DD / YYYY	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Alliance Marketing Distributor, Inc.		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 07 / 18 / 2016 </div>	
Mailing Address 133 Industrial Ave.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 80.42 </div>	
City Hasbrouck Heights	State NJ	Zip Code 07604	Transaction ID : B626048 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 12 / 2016 </div>
Purpose of Expenditure Printing of Postcards, Posters		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div>	
Name of Federal Candidate: Ayotte, Kelly, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Blueprint Interactive		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 07 / 19 / 2016 </div>	
Mailing Address 2229 North Pollard St		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 4464.00 </div>	
City Arlington	State VA	Zip Code 22207	Transaction ID : B623302 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 12 / 2016 </div>
Purpose of Expenditure Online Advertising (payment or an IE from July)		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: Ayotte, Kelly, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">4464.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gustafson, Liz, , , [Electronically Filed]
 Signature

Date MM / DD / YYYY
 10 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Planned Parenthood Action Fund Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2016		
Mailing Address 123 William St, 10th Floor			Amount 182.94		
City New York	State NY	Zip Code 10038	Transaction ID : B629971		
Purpose of Expenditure Direct voter contact-staff time		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2016		
Name of Federal Candidate: Toomey, Pat, , ,			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>PA</u>		
Calendar Year-To-Date Per Election for Office Sought 2045878.96			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Planned Parenthood Action Fund Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2016		
Mailing Address 123 William St, 10th Floor			Amount 182.94		
City New York	State NY	Zip Code 10038	Transaction ID : B628829		
Purpose of Expenditure Direct voter contact-staff time		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2016		
Name of Federal Candidate: Ayotte, Kelly, , ,			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>		
Calendar Year-To-Date Per Election for Office Sought 687249.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			365.88		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Gustafson, Liz, , ,</i>		[Electronically Filed]		Date MM / DD / YYYY 10 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 83 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 400px;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Action Fund Inc.				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Mailing Address 123 William St, 10th Floor				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">182.94</div>	
City New York		State NY		Zip Code 10038	
Purpose of Expenditure Direct voter contact-staff time				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate: Heck, Joseph, , ,				Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NV	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Action Fund Inc.				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Mailing Address 123 William St, 10th Floor				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">182.94</div>	
City New York		State NY		Zip Code 10038	
Purpose of Expenditure Direct voter contact-staff time				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate: Portman, Rob, , ,				Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: OH	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">365.88</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gustafson, Liz, , , Signature				Date <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
[Electronically Filed]				Date <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 84 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Planned Parenthood Action Fund Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 13 / 2016		
Mailing Address 123 William St, 10th Floor			Amount 182.94		
City New York	State NY	Zip Code 10038	Transaction ID : B633615		
Purpose of Expenditure Direct voter contact - staff time		Category/ Type 001	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 13 / 2016		
Name of Federal Candidate: Burr, Richard, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 182.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Planned Parenthood Advocates Mar Monte			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 06 / 2016		
Mailing Address 1605 The Alameda			Amount 897.90		
City San Jose	State CA	Zip Code 95126	Transaction ID : B625179		
Purpose of Expenditure Volunteer Recruitment		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 14 / 2016		
Name of Federal Candidate: Clinton, Hillary, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US		
Calendar Year-To-Date Per Election for Office Sought 2149965.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			1080.84		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Gustafson, Liz, , ,</i>		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 85 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Advocates Mar Monte				Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> 09062016 </div>	
Mailing Address 1605 The Alameda				Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 897.90 </div>	
City San Jose		State CA		Zip Code 95126	
Purpose of Expenditure Volunteer Recruitment				Category/Type 004	
Name of Federal Candidate: <input type="checkbox"/> Support Trump, Donald, , , <input checked="" type="checkbox"/> Oppose				Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought 2149965.77				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Advocates Mar Monte				Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> 09062016 </div>	
Mailing Address 1605 The Alameda				Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 897.90 </div>	
City San Jose		State CA		Zip Code 95126	
Purpose of Expenditure Volunteer Recruitment				Category/Type 004	
Name of Federal Candidate: <input type="checkbox"/> Support Heck, Joseph, , , <input checked="" type="checkbox"/> Oppose				Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought 550037.95				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures (a) TOTAL Independent Expenditures </div> <div style="border: 1px solid black; padding: 5px; width: 200px;"> 1795.80 </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gustafson, Liz, , , _____ Signature				Date MM / DD / YYYY <div style="display: flex; justify-content: space-around;"> 10202016 </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Advocates Mar Monte			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address 1605 The Alameda			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">897.90</div>		
City San Jose	State CA	Zip Code 95126	Transaction ID : B625183 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Volunteer Recruitment		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: Cortez-Masto, Catherine, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">550037.95</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Advocates Mar Monte			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address 1605 The Alameda			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">748.25</div>		
City San Jose	State CA	Zip Code 95126	Transaction ID : B625184 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Phone Calls		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: Cortez-Masto, Catherine, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">550037.95</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">1646.15</div>		
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gustafson, Liz, , , Signature			Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
[Electronically Filed]			10 / 20 / 2016		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 87 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Advocates Mar Monte			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address 1605 The Alameda			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">748.25</div>		
City San Jose	State CA	Zip Code 95126	Transaction ID : B625185 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Phone Calls		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: Heck, Joseph, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; text-align: right;">550037.95</div>					
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Advocates Mar Monte			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address 1605 The Alameda			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">748.25</div>		
City San Jose	State CA	Zip Code 95126	Transaction ID : B625186 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Phone Calls		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: Trump, Donald, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
<div style="border: 1px solid black; padding: 2px; text-align: right;">2149965.77</div>					
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">1496.50</div>		
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gustafson, Liz, , , Signature			Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
[Electronically Filed]			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Advocates Mar Monte				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1605 The Alameda				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">748.25</div>	
City San Jose	State CA	Zip Code 95126		Transaction ID : B625187 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Phone Calls		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>		<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Clinton, Hillary, , ,				Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2149965.77</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Advocates Mar Monte				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1605 The Alameda				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1346.85</div>	
City San Jose	State CA	Zip Code 95126		Transaction ID : B625188 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Canvassing		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>		<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Clinton, Hillary, , ,				Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2149965.77</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; text-align: right;">2095.10</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
(a) TOTAL Independent Expenditures				<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Gustafson, Liz, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
[Electronically Filed]				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Advocates Mar Monte			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1605 The Alameda			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1346.85</div>	
City San Jose	State CA	Zip Code 95126	Transaction ID : B625189 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Canvassing		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Trump, Donald, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2149965.77</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Advocates Mar Monte			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1605 The Alameda			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1346.85</div>	
City San Jose	State CA	Zip Code 95126	Transaction ID : B625190 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Canvassing		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Heck, Joseph, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">550037.95</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	2693.70
(a) SUBTOTAL of Unitemized Independent Expenditures	▶	
(a) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gustafson, Liz, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 90 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Planned Parenthood Advocates Mar Monte			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 06 / 2016		
Mailing Address 1605 The Alameda			Amount 1346.85		
City San Jose	State CA	Zip Code 95126	Transaction ID : B625191		
Purpose of Expenditure Canvassing		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 14 / 2016		
Name of Federal Candidate: Cortez-Masto, Catherine, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought 550037.95			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►		
Full Name of Payee The Pivot Group			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 18 / 2016		
Mailing Address 1720 I Street NW Suite 550			Amount 1770.00		
City Washington	State DC	Zip Code 20005	Transaction ID : B629884		
Purpose of Expenditure Canvass Lit		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 18 / 2016		
Name of Federal Candidate: Cortez-Masto, Catherine, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought 550037.95			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures			1346.85		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gustafson, Liz, , , Signature			Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2016		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 91 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee The Pivot Group			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2016
Mailing Address 1720 I Street NW Suite 550			Amount 1770.00		Transaction ID : B629885 Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2016
City Washington		State DC	Zip Code 20005	Purpose of Expenditure Canvass Lit	
Category/Type 004			Name of Federal Candidate:		
Heck, Joseph, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NV	
Calendar Year-To-Date Per Election for Office Sought			550037.95	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Itzamna Translations Company			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 18 / 2016
Mailing Address P.O. Box 1015			Amount 52.65		Transaction ID : B629886 Date of Disbursement or Obligation MM / DD / YYYY 09 / 18 / 2016
City Glendale		State AZ	Zip Code 85311	Purpose of Expenditure Translation services	
Category/Type 004			Name of Federal Candidate:		
Heck, Joseph, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: NV	
Calendar Year-To-Date Per Election for Office Sought			550037.95	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures				0.00	
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Gustafson, Liz, , ,</u>			Date MM / DD / YYYY 10 / 20 / 2016		[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>										
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y														
Full Name of Payee <input checked="" type="checkbox"/> Memo Item Itzamna Translations Company				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 18 / 2016										
Mailing Address P.O. Box 1015				Amount 52.65										
City Glendale		State AZ		Zip Code 85311										
Purpose of Expenditure Translation services				Category/Type 004										
Name of Federal Candidate: Cortez-Masto, Catherine, , ,				Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV										
Calendar Year-To-Date Per Election for Office Sought 550037.95				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____										
Full Name of Payee <input checked="" type="checkbox"/> Memo Item Itzamna Translations Company				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 18 / 2016										
Mailing Address P.O. Box 1015				Amount 52.65										
City Glendale		State AZ		Zip Code 85311										
Purpose of Expenditure Translation Services				Category/Type 004										
Name of Federal Candidate: Trump, Donald, , ,				Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US										
Calendar Year-To-Date Per Election for Office Sought 2149965.77				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____										
<table style="width:100%;"> <tr> <td style="width:60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width:5%; text-align: center;">▶</td> <td style="width:35%; border: 1px solid black; padding: 2px; text-align: right;">0.00</td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px; text-align: right;"></td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 2px; text-align: right;"></td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	▶	0.00	(a) SUBTOTAL of Unitemized Independent Expenditures	▶		(a) TOTAL Independent Expenditures	▶	
(a) SUBTOTAL of Itemized Independent Expenditures	▶	0.00												
(a) SUBTOTAL of Unitemized Independent Expenditures	▶													
(a) TOTAL Independent Expenditures	▶													
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.														
Gustafson, Liz, , , _____ Signature				Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2016										

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Itzamna Translations Company			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address P.O. Box 1015			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">52.65</div>		
City Glendale	State AZ	Zip Code 85311	Transaction ID : B628176 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure Translation Services		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016		

Full Name of Payee <input checked="" type="checkbox"/> Memo Item Terris Barnes & Walters			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 400 Montgomery St # 700			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1875.60</div>		
City San Francisco	State CA	Zip Code 94104	Transaction ID : B628177 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure Canvass Lit		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016		

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(a) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gustafson, Liz, , , [Electronically Filed]
 Signature Date / /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Terris Barnes & Walters			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 19 / 2016
Mailing Address 400 Montgomery St # 700			Amount 1875.60 Transaction ID : B628178 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 19 / 2016		
City San Francisco	State CA	Zip Code 94104			
Purpose of Expenditure Canvass Lit		Category/ Type 004			
Name of Federal Candidate: Trump, Donald, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>
Calendar Year-To-Date Per Election for Office Sought 2149965.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Terris Barnes & Walters			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 19 / 2016
Mailing Address 400 Montgomery St # 700			Amount 1875.60 Transaction ID : B629972 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 19 / 2016		
City San Francisco	State CA	Zip Code 94104			
Purpose of Expenditure Canvass Lit		Category/ Type 003			
Name of Federal Candidate: Toomey, Pat, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate State: <u>PA</u>
Calendar Year-To-Date Per Election for Office Sought 2045878.96			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures				0.00	
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gustafson, Liz, , , Signature			[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee <input checked="" type="checkbox"/> Memo Item Terris Barnes & Walters			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2016		
Mailing Address 400 Montgomery St # 700			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1875.60</div>		
City San Francisco	State CA	Zip Code 94104	Transaction ID : B629973 Date of Disbursement or Obligation MM / DD / YYYY 09 / 19 / 2016		
Purpose of Expenditure Canvass Lit		Category/ Type 003			
Name of Federal Candidate: McGinty, Katie, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____ State: <u>PA</u>		
Calendar Year-To-Date Per Election for Office Sought 2045878.96			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►		
Full Name of Payee <input type="checkbox"/> Memo Item SKDKnickerbocker LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 12 / 2016		
Mailing Address 1150 18th Street NW/Ste. 800			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7434.28</div>		
City Washington	State DC	Zip Code 20036	Transaction ID : B626002 Date of Disbursement or Obligation MM / DD / YYYY 09 / 20 / 2016		
Purpose of Expenditure Ad Production		Category/ Type 004			
Name of Federal Candidate: Ayotte, Kelly, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____ State: <u>NH</u>		
Calendar Year-To-Date Per Election for Office Sought 687249.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">7434.28</div>		
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gustafson, Liz, , , Signature		[Electronically Filed]		Date MM / DD / YYYY 10 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee SKDKnickerbocker			<input type="checkbox"/> Memo Item		
Mailing Address 1150 18th St., NW #800			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 12 / 2016		
City Washington		State DC	Zip Code 20036		Amount 7434.27
Purpose of Expenditure Ad Production			Category/Type 004		Transaction ID : B626004 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 20 / 2016
Name of Federal Candidate: Trump, Donald, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>
Calendar Year-To-Date Per Election for Office Sought			2149965.77		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2016		
Full Name of Payee Planned Parenthood Action Fund Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 123 William St, 10th Floor			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 21 / 2016		
City New York		State NY	Zip Code 10038		Amount 42.93
Purpose of Expenditure List rental			Category/Type 003		Transaction ID : B628179 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 21 / 2016
Name of Federal Candidate: Trump, Donald, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>
Calendar Year-To-Date Per Election for Office Sought			2149965.77		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2016		
(a) SUBTOTAL of Itemized Independent Expenditures			7477.20		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Gustafson, Liz, , ,</i>			Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2016		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Action Fund Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 21 / 2016		
Mailing Address 123 William St, 10th Floor			Amount 42.92		
City New York	State NY	Zip Code 10038	Transaction ID : B629969 Date of Disbursement or Obligation MM / DD / YYYY 09 / 21 / 2016		
Purpose of Expenditure List rental		Category/ Type 003			
Name of Federal Candidate: Portman, Rob, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought 798633.79			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input checked="" type="checkbox"/> Memo Item Drew & Rogers, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2016		
Mailing Address 30 Plymouth Street			Amount 3612.93		
City Fairfield	State NJ	Zip Code 07004	Transaction ID : B628180 Date of Disbursement or Obligation MM / DD / YYYY 09 / 23 / 2016		
Purpose of Expenditure Small items & distribution		Category/ Type 003			
Name of Federal Candidate: Trump, Donald, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US		
Calendar Year-To-Date Per Election for Office Sought 2149965.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			42.92		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gustafson, Liz, , , Signature		[Electronically Filed]		Date MM / DD / YYYY 10 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on				<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y . . / . . / </div>	
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Action Fund Inc.			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 26 / 2016 </div>		
Mailing Address 123 William St, 10th Floor			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 42.58 </div>		
City New York	State NY	Zip Code 10038	Transaction ID : B628181 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 26 / 2016 </div>		
Purpose of Expenditure List rental		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div>			
Name of Federal Candidate: Trump, Donald, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2149965.77 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <input type="checkbox"/> Memo Item Community Outreach Group LLC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 26 / 2016 </div>		
Mailing Address 1110 Vermont Ave N.W. #300			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 44893.74 </div>		
City Washington	State DC	Zip Code 20005	Transaction ID : B628182 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 20 / 2016 </div>		
Purpose of Expenditure Canvassing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">007</div>			
Name of Federal Candidate: Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 2149965.77 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 44936.32 </div>		
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gustafson, Liz, , , Signature		[Electronically Filed]		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 20 / 2016 </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Community Outreach Group LLC			<input type="checkbox"/> Memo Item		
Mailing Address 1110 Vermont Ave N.W. #300			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 26 / 2016		
City Washington		State DC	Zip Code 20005		
Purpose of Expenditure Canvassing		Category/ Type 007		Amount 44893.74	
Name of Federal Candidate: Trump, Donald, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 2149965.77			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Community Outreach Group LLC			<input type="checkbox"/> Memo Item		
Mailing Address 1110 Vermont Ave N.W. #300			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 26 / 2016		
City Washington		State DC	Zip Code 20005		
Purpose of Expenditure Canvassing		Category/ Type 007		Amount 44893.74	
Name of Federal Candidate: Johnson, Ron, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 98736.48			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WI</u>		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			89787.48		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Gustafson, Liz, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div>	
Full Name of Payee <input type="checkbox"/> Memo Item Community Outreach Group LLC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">09 / 26 / 2016</div>		
Mailing Address 1110 Vermont Ave N.W. #300			Amount <div style="border: 1px solid black; padding: 2px;">44893.74</div>		
City Washington	State DC	Zip Code 20005	Transaction ID : B628186 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">08 / 31 / 2016</div>		
Purpose of Expenditure Canvassing		Category/Type <div style="border: 1px solid black; padding: 2px;">007</div>			
Name of Federal Candidate: Feingold, Russ, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►		
<div style="border: 1px solid black; padding: 2px;">98736.48</div>					
Full Name of Payee <input checked="" type="checkbox"/> Memo Item Terris Barnes & Walters			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">09 / 26 / 2016</div>		
Mailing Address 400 Montgomery St # 700			Amount <div style="border: 1px solid black; padding: 2px;">2242.50</div>		
City San Francisco	State CA	Zip Code 94104	Transaction ID : B628187 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">09 / 26 / 2016</div>		
Purpose of Expenditure Canvass Lit		Category/Type <div style="border: 1px solid black; padding: 2px;">004</div>			
Name of Federal Candidate: Johnson, Ron, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►		
<div style="border: 1px solid black; padding: 2px;">98736.48</div>					
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px;">44893.74</div>		
(a) SUBTOTAL of Unitemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px;"></div>		
(a) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gustafson, Liz, , , Signature		[Electronically Filed]		Date <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 20 / 2016</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ C C00489799		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y		
Full Name of Payee Terris Barnes & Walters			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 26 / 2016	
Mailing Address 400 Montgomery St # 700			Amount 2242.50 Transaction ID : B628188 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 26 / 2016			
City San Francisco		State CA				Zip Code 94104
Purpose of Expenditure Canvass Lit		Category/Type 004				
Name of Federal Candidate: Feingold, Russ, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: WI	
Calendar Year-To-Date Per Election for Office Sought 98736.48			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			
Full Name of Payee Terris Barnes & Walters			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 26 / 2016	
Mailing Address 400 Montgomery St # 700			Amount 2242.50 Transaction ID : B628190 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 26 / 2016			
City San Francisco		State CA				Zip Code 94104
Purpose of Expenditure Canvass Lit		Category/Type 004				
Name of Federal Candidate: Trump, Donald, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: US	
Calendar Year-To-Date Per Election for Office Sought 2149965.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			
(a) SUBTOTAL of Itemized Independent Expenditures ▶ 0.00						
(a) SUBTOTAL of Unitemized Independent Expenditures ▶ 						
(a) TOTAL Independent Expenditures ▶ 						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Gustafson, Liz, , , Signature			[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Terris Barnes & Walters			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 26 / 2016
Mailing Address 400 Montgomery St # 700			Amount 2242.50		Transaction ID : B628191 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 26 / 2016
City San Francisco	State CA	Zip Code 94104			
Purpose of Expenditure Canvass Lit		Category/Type 004			
Name of Federal Candidate: Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>
Calendar Year-To-Date Per Election for Office Sought 2149965.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Planned Parenthood Action Fund Inc.			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 26 / 2016
Mailing Address 123 William St, 10th Floor			Amount 42.57		Transaction ID : B629970 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 26 / 2016
City New York	State NY	Zip Code 10038			
Purpose of Expenditure List rental		Category/Type 003			
Name of Federal Candidate: Portman, Rob, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought 798633.79			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			▶ 42.57		
(a) SUBTOTAL of Unitemized Independent Expenditures			▶ 		
(a) TOTAL Independent Expenditures			▶ 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gustafson, Liz, , , Signature			[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Blueprint Interactive			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">27</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Mailing Address 2229 North Pollard St			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">100100.00</div> Transaction ID : B628830 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">27</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
City Arlington	State VA	Zip Code 22207		
Purpose of Expenditure Digital Ad Buy		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: <input type="checkbox"/> Support Trump, Donald, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2149965.77</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Blueprint Interactive			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">27</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Mailing Address 2229 North Pollard St			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">100100.00</div> Transaction ID : B628831 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">27</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
City Arlington	State VA	Zip Code 22207		
Purpose of Expenditure Digital Ad Buy		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: <input type="checkbox"/> Support Ayotte, Kelly, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">687249.22</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">200200.00</div>
(a) SUBTOTAL of Unitemized Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gustafson, Liz, , ,

[Electronically Filed]

Date

M M /

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10

20

2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee SKDKnickerbocker <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016		
Mailing Address 1150 18th St., NW #800			Amount 1368.00		
City Washington	State DC	Zip Code 20036	Transaction ID : B628832		
Purpose of Expenditure Digital Ad Commission		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2016		
Name of Federal Candidate: Trump, Donald, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>		
Calendar Year-To-Date Per Election for Office Sought 2149965.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee SKDKnickerbocker <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 27 / 2016		
Mailing Address 1150 18th St., NW #800			Amount 1368.00		
City Washington	State DC	Zip Code 20036	Transaction ID : B628833		
Purpose of Expenditure Digital Ad Commission		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 27 / 2016		
Name of Federal Candidate: Ayotte, Kelly, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>		
Calendar Year-To-Date Per Election for Office Sought 687249.22			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			0.00		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Gustafson, Liz, , ,		[Electronically Filed]		Date MM / DD / YYYY 10 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 105 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Blueprint Interactive <input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 27 / 2016	
Mailing Address 2229 North Pollard St		Amount 19500.00	
City Arlington	State VA	Zip Code 22207	Transaction ID : B628193
Purpose of Expenditure Online Advertising-Estimated costs		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 27 / 2016
Name of Federal Candidate: Trump, Donald, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought 2149965.77		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Blueprint Interactive <input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 27 / 2016	
Mailing Address 2229 North Pollard St		Amount 19500.00	
City Arlington	State VA	Zip Code 22207	Transaction ID : B628196
Purpose of Expenditure Online Advertising-Estimated costs		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 27 / 2016
Name of Federal Candidate: Clinton, Hillary, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought 2149965.77		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(a) SUBTOTAL of Unitemized Independent Expenditures	
(a) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gustafson, Liz, , ,
 Signature

[Electronically Filed]

Date M M / D D / Y Y Y Y Y Y
 10 / 20 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 106 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on	
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Action Fund Inc.				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 20 / 2016</div> </div>	
Mailing Address 123 William St, 10th Floor				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">35.00</div>	
City New York		State DC		Zip Code 10038	
Purpose of Expenditure Payment for event tickets				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div>	
Name of Federal Candidate: <input type="checkbox"/> Support Heck, Joseph, , , <input checked="" type="checkbox"/> Oppose				Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">550037.95</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Action Fund Inc.				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 20 / 2016</div> </div>	
Mailing Address 123 William St, 10th Floor				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">35.00</div>	
City New York		State NY		Zip Code 10038	
Purpose of Expenditure Payment for event tickets				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div>	
Name of Federal Candidate: <input type="checkbox"/> Support Trump, Donald, , , <input checked="" type="checkbox"/> Oppose				Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2149965.77</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures ▶				<div style="border: 1px solid black; padding: 2px; display: inline-block;">70.00</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures ▶				<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(a) TOTAL Independent Expenditures ▶				<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gustafson, Liz, , , Signature				Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 10 / 20 / 2016</div> </div>	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ C C00489799		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y		
Full Name of Payee API Source			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 30 / 2016	
Mailing Address 4471 Nicole Dr.			Amount 1427.00 Transaction ID : B629888 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 30 / 2016			
City Lanham		State MD				Zip Code 20706
Purpose of Expenditure Apparel and Distribution		Category/Type				004
Name of Federal Candidate: Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought			2149965.77		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Planned Parenthood Action Fund Inc.			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 20 / 2016	
Mailing Address 123 William St, 10th Floor			Amount 559.44 Transaction ID : B621102 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 30 / 2016			
City New York		State NY				Zip Code 10038
Purpose of Expenditure Staff time for direct voter contact		Category/Type				001
Name of Federal Candidate: Trump, Donald, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought			2149965.77		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures				559.44		
(a) SUBTOTAL of Unitemized Independent Expenditures						
(a) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Signature <i>Gustafson, Liz, , ,</i>			[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 108 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Planned Parenthood Action Fund Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 27 / 2016		
Mailing Address 123 William St, 10th Floor			Amount 5000.00		
City New York	State NY	Zip Code 10038	Transaction ID : B621104		
Purpose of Expenditure Video footage-Estimated costs		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2016		
Name of Federal Candidate: Clinton, Hillary, , ,			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>		
Calendar Year-To-Date Per Election for Office Sought 2149965.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Planned Parenthood Rocky Mountains Action Fund			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 03 / 2016		
Mailing Address 7155 E. 38th Avenue			Amount 2792.50		
City Denver	State CO	Zip Code 80207	Transaction ID : B621446		
Purpose of Expenditure Full payment of transaction B621446 originally reported on 2016 FEC M9 report. See Schedule D		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2016		
Name of Federal Candidate: Clinton, Hillary, , ,			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>		
Calendar Year-To-Date Per Election for Office Sought 2149965.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			7792.50		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Gustafson, Liz, , ,</i>		[Electronically Filed]		Date MM / DD / YYYY 10 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 109 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>
--	---

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Rocky Mountains Action Fund			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7155 E. 38th Avenue			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2792.50</div>	
City Denver	State CO	Zip Code 80207		
Purpose of Expenditure Full payment of transaction B621447 originally reported on 2016 FEC M9 report. See Schedule D		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : B621447 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Trump, Donald, , ,			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: US	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2149965.77</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Rocky Mountains Action Fund			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7155 E. 38th Avenue			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2792.50</div>	
City Denver	State CO	Zip Code 80207		
Purpose of Expenditure Full payment of transaction B621448 originally reported on 2016 FEC M9 report. See Schedule D		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : B621448 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Heck, Joseph, , ,			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: NV	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">550037.95</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures	►	5585.00
(a) SUBTOTAL of Unitemized Independent Expenditures	►	
(a) TOTAL Independent Expenditures	►	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gustafson, Liz, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 110 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Rocky Mountains Action Fund				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-between;"> 08 03 2016 </div>	
Mailing Address 7155 E. 38th Avenue				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2792.50</div>	
City Denver		State CO		Zip Code 80207	
Purpose of Expenditure Full payment of transaction B621449 originally reported on 2016 FEC M9 report. See Schedule D				Transaction ID : B621449 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-between;"> 09 30 2016 </div>	
Name of Federal Candidate: Cortez-Masto, Catherine, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought 550037.95				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Rocky Mountains Action Fund				Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-between;"> 08 03 2016 </div>	
Mailing Address 7155 E. 38th Avenue				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1241.10</div>	
City Denver		State CO		Zip Code 80207	
Purpose of Expenditure Full payment of transaction B621450 originally reported on 2016 FEC M9 report. See Schedule D				Transaction ID : B621450 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-between;"> 09 30 2016 </div>	
Name of Federal Candidate: Clinton, Hillary, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought 2149965.77				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">4033.60</div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> (a) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gustafson, Liz, , , Signature				Date M M / D D / Y Y Y Y Y Y <div style="display: flex; justify-content: space-between;"> 10 20 2016 </div>	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 111 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on	
Full Name of Payee Planned Parenthood Rocky Mountains Action Fund		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>09 / 06 / 2016</div> </div>	
Mailing Address 7155 E. 38th Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1241.10</div>	
City Denver	State CO	Zip Code 80207	Transaction ID : B625166 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>09 / 30 / 2016</div> </div>
Purpose of Expenditure Events		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: US	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">2149965.77</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee Planned Parenthood Rocky Mountains Action Fund		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>09 / 06 / 2016</div> </div>	
Mailing Address 7155 E. 38th Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1861.66</div>	
City Denver	State CO	Zip Code 80207	Transaction ID : B625167 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>09 / 30 / 2016</div> </div>
Purpose of Expenditure Phone Calls		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: Heck, Joseph, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: NV	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">550037.95</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;">3102.76</div>	
(a) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(a) TOTAL Independent Expenditures		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Gustafson, Liz, , ,		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>10 / 20 / 2016</div> </div>	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 112 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 300px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Rocky Mountains Action Fund				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between; width: 150px;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">06</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Mailing Address 7155 E. 38th Avenue				Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 150px;"> 1861.67 </div>	
City Denver		State CO		Zip Code 80207	
Purpose of Expenditure Phone Calls				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: Cortez-Masto, Catherine, , ,				Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: NV	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">550037.95</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Rocky Mountains Action Fund				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 150px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between; width: 150px;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">06</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Mailing Address 7155 E. 38th Avenue				Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 150px;"> 1861.66 </div>	
City Denver		State CO		Zip Code 80207	
Purpose of Expenditure Phone Calls				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: Clinton, Hillary, , ,				Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> House District: _____ State: US	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">2149965.77</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 150px;"> 3723.33 </div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> (a) SUBTOTAL of Unitemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 150px;"> </div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> (a) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between; width: 150px;"> </div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Gustafson, Liz, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 150px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between; width: 150px;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 113 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on MM / DD / YYYY					
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Rocky Mountains Action Fund				Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2016	
Mailing Address 7155 E. 38th Avenue				Amount 1861.67	
City Denver		State CO		Zip Code 80207	
Purpose of Expenditure Phone Calls				Category/Type 004	
Name of Federal Candidate: Trump, Donald, , ,				Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President District: _____ <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought 2149965.77				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Rocky Mountains Action Fund				Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2016	
Mailing Address 7155 E. 38th Avenue				Amount 620.56	
City Denver		State CO		Zip Code 80207	
Purpose of Expenditure Canvassing				Category/Type 004	
Name of Federal Candidate: Trump, Donald, , ,				Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President District: _____ <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought 2149965.77				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="border: 1px solid black; padding: 5px; text-align: right;">2482.23</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>(a) SUBTOTAL of Unitemized Independent Expenditures</div> <div style="border: 1px solid black; padding: 5px; text-align: right;"> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>(a) TOTAL Independent Expenditures</div> <div style="border: 1px solid black; padding: 5px; text-align: right;"> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gustafson, Liz, , , Signature				Date MM / DD / YYYY 10 / 20 / 2016	

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 114 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Planned Parenthood Rocky Mountains Action Fund			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 06 / 2016		
Mailing Address 7155 E. 38th Avenue			Amount 620.55		
City Denver	State CO	Zip Code 80207	Transaction ID : B628834		
Purpose of Expenditure Canvassing		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 30 / 2016		
Name of Federal Candidate: Clinton, Hillary, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: US		
Calendar Year-To-Date Per Election for Office Sought 2149965.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Planned Parenthood Rocky Mountains Action Fund			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 06 / 2016		
Mailing Address 7155 E. 38th Avenue			Amount 620.55		
City Denver	State CO	Zip Code 80207	Transaction ID : B625173		
Purpose of Expenditure Canvassing		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 30 / 2016		
Name of Federal Candidate: Heck, Joseph, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: NV		
Calendar Year-To-Date Per Election for Office Sought 550037.95			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			1241.10		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gustafson, Liz, , , Signature			Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2016		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 115 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Planned Parenthood Rocky Mountains Action Fund			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 06 / 2016		
Mailing Address 7155 E. 38th Avenue			Amount 620.56		
City Denver	State CO	Zip Code 80207	Transaction ID : B625174		
Purpose of Expenditure Canvassing		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 30 / 2016		
Name of Federal Candidate: Cortez-Masto, Catherine, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought 550037.95			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____		
Full Name of Payee Planned Parenthood Rocky Mountains Action Fund			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 06 / 2016		
Mailing Address 7155 E. 38th Avenue			Amount 310.27		
City Denver	State CO	Zip Code 80207	Transaction ID : B625175		
Purpose of Expenditure Volunteer Recruitment		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 30 / 2016		
Name of Federal Candidate: Cortez-Masto, Catherine, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought 550037.95			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____		
(a) SUBTOTAL of Itemized Independent Expenditures			930.83		
(a) SUBTOTAL of Unitemized Independent Expenditures					
(a) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gustafson, Liz, , , Signature			Date M M / D D / Y Y Y Y Y Y 10 / 20 / 2016		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Planned Parenthood Rocky Mountains Action Fund			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2016		
Mailing Address 7155 E. 38th Avenue			Amount 310.27		
City Denver	State CO	Zip Code 80207	Transaction ID : B625176		
Purpose of Expenditure Volunteer Recruitment		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2016		
Name of Federal Candidate: Heck, Joseph, , ,			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u> </u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>		
Calendar Year-To-Date Per Election for Office Sought 550037.95			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Planned Parenthood Rocky Mountains Action Fund			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2016		
Mailing Address 7155 E. 38th Avenue			Amount 310.27		
City Denver	State CO	Zip Code 80207	Transaction ID : B625177		
Purpose of Expenditure Volunteer Recruitment		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2016		
Name of Federal Candidate: Clinton, Hillary, , ,			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President District: <u> </u> <input type="checkbox"/> Oppose <input type="checkbox"/> Senate State: <u>US</u>		
Calendar Year-To-Date Per Election for Office Sought 2149965.77			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			620.54		
(a) SUBTOTAL of Unitemized Independent Expenditures			 		
(a) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Gustafson, Liz, , ,</i>		[Electronically Filed]		Date MM / DD / YYYY 10 / 20 / 2016	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 117 OF 117
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Planned Parenthood Votes				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00489799 </div>							
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on MM / DD / YYYY											
Full Name of Payee <input type="checkbox"/> Memo Item Planned Parenthood Rocky Mountains Action Fund				Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2016							
Mailing Address 7155 E. 38th Avenue				Amount 310.27							
City Denver		State CO		Zip Code 80207							
Purpose of Expenditure Volunteer Recruitment				Category/Type 004							
Name of Federal Candidate: Trump, Donald, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>US</u>							
Calendar Year-To-Date Per Election for Office Sought 2149965.77				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							
Full Name of Payee <input type="checkbox"/> Memo Item Magdalena Irigaray				Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 23 / 2016							
Mailing Address Riobamba 480 Edif. French 1 PB D Beccar (1643)				Amount 312.90							
City Buenos Aires		State ZZ		Zip Code 00000							
Purpose of Expenditure Translation Services				Category/Type 001							
Name of Federal Candidate: Trump, Donald, , ,				<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: <u>US</u>							
Calendar Year-To-Date Per Election for Office Sought 2148286.04				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____							
<table style="width: 100%;"> <tr> <td style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width: 40%; text-align: right;">▶ 623.17</td> </tr> <tr> <td>(a) SUBTOTAL of Unitemized Independent Expenditures</td> <td style="text-align: right;">▶ </td> </tr> <tr> <td>(a) TOTAL Independent Expenditures</td> <td style="text-align: right;">▶ 2883905.53</td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	▶ 623.17	(a) SUBTOTAL of Unitemized Independent Expenditures	▶ 	(a) TOTAL Independent Expenditures	▶ 2883905.53
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 623.17										
(a) SUBTOTAL of Unitemized Independent Expenditures	▶ 										
(a) TOTAL Independent Expenditures	▶ 2883905.53										
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.											
Gustafson, Liz, , , Signature				Date MM / DD / YYYY 10 / 20 / 2016							

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